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ABSTRACT

A peer assistance program for teenage substance users was developed in which students interviewed their peers to determine substance use attitudes and frequency of substance use. Student interviewers read and studied drug curriculum materials in their health class; were taught active listening skills and counseling techniques; practiced answering questionnaires and surveys designed to clarify teenage substance use issues; interviewed peer substance users; and wrote essays on substance use issues. The target group of peer substance users was chosen by survey results from high school juniors and sophomores. Target teenagers were assigned an interviewer who assisted the substance user by providing substance use clarification. A Pre-Interest Inventory Likert scale measured substance use interest by high school juniors, while five sets of questionnaires and a Post-Interest Inventory Likert scale measured how the peer assistance program had influenced teenage substance users' attitudes. While the Post-Interest Inventory results showed that a high number of teenagers chose to be drug-free at the project's conclusion, it was the peer interviewers who benefitted by their participation in the helping relationship. Program implementation was recommended because of low cost, use of existing staff, and the program's ability to clarify substance use issues for teenagers through peer interviews. (Relevant forms and questionnaires are appended.) (Author/NB)

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PEER ASSISTANCE PROGRAM FOR TEENAGE SUBSTANCE USERS

by

LINDA M. STANBROOK

A Practicum Report

submitted to the Faculty of the Center for the Advancement of Education at Nova University in partial fulfillment of the requirements for the degree of Educational Specialist.

The abstract of this report may be placed in a National Database System for reference.

March/1991

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ABSTRACT

Peer Assistance Program for Teenage Substance Users.
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Descriptors: Adolescents/Drug Abuse/Helping Relationships/High Schools/Peer Assistance/Peer Influence/Secondary Education/ Student Participation/Substance Use/

The need for a minimal cost, readily available peer assistance program for teenage substance users at the secondary level was addressed by the implementation of an issues clarification project in which students were participant researchers and interviewed their peers to determine substance use attitudes and frequency of substance use. Student interviewers read and studied drug curriculum materials in their health class, were taught active listening skills and counseling techniques, practiced answering questionnaires and surveys designed to clarify teenage substance use issues, interviewed peer substance users, and wrote an essay on substance use issues. The target group of peer substance users was chosen by survey results from a group of high school juniors and sophomores. These teenagers were assigned an interviewer whose purpose was to assist the substance user by providing substance use clarification. A Pre-Interest Inventory Likert scale measured substance use interest by high school juniors, five sets of questionnaires and a Post-Interest Inventory Likert scale were assigned to measure how the peer assistance program had influenced teen substance users' attitudes, and a final essay was written by the peer interviewers. The Post-Interest Inventory results show that a high number of teenagers chose to be drug free at the project's conclusion; however, it was the group of peer interviewers who benefitted by their participation in the helping relationship. Program implementation was recommended because of low cost, use of existing staff, and serves to clarify substance use issues for teenagers through peer interviews. Appendices include an initial survey to determine the substance use target group, pre- and post-interest inventories, a student guide, peer interviewer questionnaires for substance use issues clarification, a health pledge, participant overview guide, and written essays by teenage interviewers evaluating the program. Additional appendices offer program survey results, a sample authorization letter, and descriptions of the surveys.

AUTHORSHIP STATEMENT

I hereby testify that this paper and the work it reports were entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give this testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my work, presented here, will earn similar respect.

Linda M. Stanbrook

Linda M. Stanbrook

DOCUMENT RELEASE

Permission is hereby given to Nova University to distribute copies of this applied research project on request from interested parties. It is my understanding that Nova University will not charge for this dissemination other than to cover the costs of duplicating, handling, and mailing of the materials.

Linda M. Stanbrook

Linda M. Stanbrook

March 1, 1991

Date

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CHAPTER I

Purpose

Background

An upward mobile, predominantly professional neighborhood in southern Florida is the setting for this practicum, a community noted for its preplanned streets, growing multi-unit housing, shopping mall developments, and active, upper-income business districts.

This senior high school was built in the 1970's, serves 546 ninth, 514 tenth, 467 eleventh, and 420 twelfth-grade students. The 38-acre campus offers one main, two-story building housing 1,946 students in 10 academic programs. A separate gymnasium, electronic shop, woodshop, drafting classrooms, auditorium, cafetorium, hearing-impaired class suite, automobile shop, and horticulture classroom facility accommodates physical education, hearing-impaired education, drama productions, awards, presentations, Students Against Drunk Drivers, evening community events, and college recruitment meetings for parents and their families. Student assemblies and grade level guidance testing are also conducted in the auditorium. The 10-acre student parking lot is located south of the main classroom building. Teachers park in a lot north of the main building. There is a motorcycle and bicycle compound located

close to the student parking lot. This community is an established neighborhood to 57,000 residents who work in primarily pollution-free, white collar professions. The high school population is stable and consists of zero Indians, 35 Asians, 118 Hispanics, 346 Blacks, and 1,448 Caucasians. Total student population is 1,946 at this public high school, and they are taught by 107 teachers, assisted by 13 maintenance personnel, one guidance director, four guidance counselors, five assistant administrators, and one principal.

Problem Identification

The affluent neighborhood and ready availability of substances such as alcohol, cocaine, and marijuana have resulted in a large teenage population who use substances. National television news briefs, local newspapers and magazine articles, in addition to local law enforcement interviews reveal that the order of substance use by degree from high to low in this neighborhood is alcohol, highest; cocaine, second highest; and marijuana ranking the third highest category of use by teenagers. The offender most likely to be arrested is a male, age 14 to 27, who is a buyer, seller, or user of the aforementioned substances. Teenage involvement has increased in the user category to the point that most are returned by police to their homes or schools because jail facilities are overcrowded (Henry, 1988). Concerned teachers are also facing disruptive

teenagers under the influence of drugs who do not respond to traditional classroom behavioral management guidelines. Whereas substance related criminal arrests are on the increase, the classroom teacher must deal with greater numbers of students who frequently make perfect scores one day, fail assignments the next day, and who appear uninterested in learning while under substance influences. The practicum writer, who will be teaching high school sophomores English II and juniors English III, secured approval for this project from the school administration to develop and implement the practicum. It is the purpose of this practicum to address the problem of teenage substance use and provide a group of their peers who are trained to assist the substance user in clarifying individual issues to the point that the teenage user can make a written commitment to be free of substances. Problems exist that obstruct communication between teachers and parents of high school students which tend to expand the time period between observed substance use behavior and teacher/parent contact. First, many parents are not prepared to deal with their teenager's substance problem and respond in a hostile manner when the teacher presents substance-related classroom behavior observations to them. Second, although there is a high degree of parent support during elementary school years, parent interest and participation declines as teenagers work through middle school and then their interest becomes

limited to preferred subject area classes only at the high school, if the parents are available by telephone or for conference in person at all, due to heavy or late-night work schedules and single-parent homes in which frequently the mother is the only adult. Third, lack of parking space during parent night for visiting the teachers and work schedules to nine p.m. obstruct parent contact with teachers who have daily drug-using teenage encounters in the classroom.

An in-school peer assistance program could offer readily available counseling for substance use issues clarification. Given parent permission to participate, students can more easily achieve an understanding of the scope of substance-related problems associated with use of such common substances as alcohol or cigarettes with a peer who will utilize counseling techniques and surveys produced by school guidance personnel in secondary schools and drug rehabilitation programs. At present there does not exist a program for teenagers to help each other with substance issues clarification that is available to all teens. The Peer Counseling Program counsels students who are referred by teachers or self and who must wait to be scheduled with a peer counselor for an appointment and be excused by the teacher for that class period to be free to attend the appointment. The only other available means of receiving substance issue clarification would be a teacher,

administrator, or parent request that the teenager be taken out of class, with the teacher's permission, to visit a guidance counselor. There are five counselors available at the school for 1,946 students. The county level program for teen substance user referrals requires an administrative referral and parent permission before the teenager can begin an evaluation of substance use, a teen counseling program, and/or a parent-teen counseling program. A few students each year do participate in this and are usually critical substance use cases that extend beyond the services of the high school.

A substance issues clarification program which offers peer-to-peer participation with trained teachers or counselors for the entire school can be a more comprehensive service available to all teenagers provided the teacher has the scheduled time (about half an hour) per session to pass out questionnaires and surveys and collect them answered. Since the written tools are yes/no or one-word answers, for the most part, tabulating the results on a per-student basis is not difficult.

Such substance users may be identified by friends or acquaintances who are with the substance users at social gatherings where substances are available, or who may share a common interest such as sports, or who may congregate at a local shopping mall or mall parking lot after 9:30 p.m., or who use the substances at home

or in their automobiles. Parents' homes, vacant due to parent business trips or planned vacations, are occupied by their teenagers who invite their friends over to substance parties.

Problem Statement

Substance-free teenagers do not run high risk rates of academic failure, neighborhood criminal arrest, or auto accidents because these students consciously work to maintain a balance between diet, work, and leisure activities. The problems substance users face become insurmountable due largely to their minds being under "foreign management" (Meehan and Meyer, 1984:256) and, as a result, substance users cannot maintain a healthy body or mind, cannot optimally participate in academic success, and are involved in more automobile accidents and who will, 10 to 20 years hence, discover the loss of thousands of income dollars spent on substances.

A peer counseling program teacher expressed the need for an assistance project to be conducted at the high school. Assistant administrators responded in favor of a substance issues clarification project along with the student resource officer and guidance counselors. A survey of 80 high school juniors and seniors indicated a majority willing to participate in such a program. Therefore, there exists a need for a program in which students who are trained in counseling techniques assist their substance using peers to clarify substance-related issues with the goal of the

substance user making a decision whether or not to continue. This program would provide an opportunity for teenagers to examine their own feelings about substance use and the possible ramifications from continued use in a variety of issues.

This practicum is designed to provide students with substance education and peer counseling techniques so that the students can help one another become substance free through issues clarification.

It is the intent of the practicum to provide substance issues clarification and an alternative to substance use for substance users when they answer questions successfully utilized in guidance counseling modes by professional counselors involved with teenagers age 14 to 18. Such a classroom project, after extensive field testing, may be successfully applied to assist teenagers and their peers in many school settings. This group of cigarette or alcohol-using teenagers will be identified when they answer questions on a 10-item survey initiating the peer assistance project. A group of 60 to 80 sophomores and juniors, high school students, will answer questions given on Survey 1 (Appendix A:84). Positive responses for questions number 4 and/or 8 will identify a candidate for this project.

Parents and teachers are concerned because their young people are out of control and are under substance management. Teenagers introduced to substance use in the home or through outside

influences may become addicted adults in positions of public trust who will fail to maintain themselves at peak performance and who affect other's well-being. Our nation has five major areas critical to the development of productivity and social cohesiveness. Constant use of mind/mood-altering substances leads to adult addiction responsible for national transportation disasters, specifically auto, train, and plane accidents due to driver, engineer, and pilot drug-induced error. Second, overall productivity slumps lead to gross national product declines in industry which is generated, in part, by substance-induced absenteeism among workers. Third, substance addicted teenage mothers contribute to a higher national infant mortality rate and addicted babies face pain and suffering during withdrawal in addition to brain damage and lower-range physical stamina initiated by substance use (Petosky, 1988). The number of infant births affected by women's use of alcohol or cocaine has increased during the last three years at one medical center (Petosky, 1991). Fourth, the computer operator, under substance influences, is likely to create one error multiplied by hundreds because the programmer cannot function with a clear thought process in business, government, and other computer businesses. Thus, the teenage substance use problems without intervention fathers a host of adult crises. National, local video and print media reports reveal daily incidents caused by or related to substance use in business

social, athletic, family, and school activity. Neighborhoods have been labeled "little Beiruts" or "local Medellins" by reporters who witness the gun toters' shoot-outs involving innocent victims on public streets and in shopping malls.

America's fifth major problem is domestic crime. Parents face having to deal with drugged youths who no longer respect the home environment nor do they respond to parents' wishes (Beschner and Friedman, 1986).

Frequent substance users have less intimate teenage friendship groups than other youths (Beschner and Friedman, 1986) and appear to be normless in dress, personal appearance, and attitude, although the substance taking does not altogether stop the expression of intelligence. Substances are used as a substitute for creative thinking to relieve boredom. Individual loss of inner freedom is the most pressing of teenage problems. Substance dependent teens seek a continual external chemical supply which delays the individual discovery of inner strengths and directions, thus weakening the natural fabric of national social well-being and undermines individual memory skills, academic literacy, ability to cope with time management, the balance of creative and routine activities, and destroys friendship in all age groups. In addition, the financial dealings associated with teenager substance use include loss of allowance, theft of property (from family or other

sources) which is exchanged for cash to purchase substances, death for refusal to purchase drugs and accidental death when shoot-outs occur on the streets during money deals, loss of wage earning hours due to substance abuse, debt to persons who lend money knowingly or unknowingly to substance users, and legal fees and fines the teenager may face as a result of illegal substance activity.

Outcome Objectives

Over a 10-week period the majority of students interviewed were expected to have improved their awareness of peer issues related to substance use and to give 50 percent positive commitment in writing to be free of substances from a target group of 20 substance using peers who answered positively to a substance survey and who were selected from a group of 80 sophomore and junior students in high school.

Twenty non-substance using students served as interviewers. These student peers were chosen from the group of 80 sophomore and junior students in high school who answered negatively to a substance use survey. The non-substance using students were given special instruction in peer counseling techniques and mastered at least 75 percent of counseling skills needed to administer student questionnaires and surveys and became interviewers. These skills were measured by classroom practices and one-to-one teacher-student

demonstrations. Students then teamed in two's and asked each other the questions on Questionnaire A.

After receiving special instruction in writing, interviewers were able to address a teenage social, familial, or individual issue and provided a substance-free alternative for the substance user during the last interview. Suggestions given by the interviewers were sports, both individual and team, home-centered hobbies such as computers, model building, and car maintenance, and local music shows. This objective was further measured by a written essay (Appendix M:114) from each interviewer who submitted the essay at the practicum's conclusion. Sixteen out of 19 interviewers wrote a concluding essay in which each student interviewer's analysis of his relationship to the substance-using teen included whether or not this teen was willing to make a commitment for a substance-free body. It was decided jointly by the teacher and interviewers to have the 20 interviewers write these essays to demonstrate how these students arrived at any conclusions they could make upon completing the survey and questionnaire series.

All written materials and counseling sessions were coded by participant and kept private so as to respect the dignity of all individuals involved in this study.

The interviewers, non-substance using students from the sophomore class, were evaluated by their written answers to surveys

and questionnaires, parents' reports of their teen's attitudes toward finding solutions for substance users, and teacher observations as a result of practicum implementation. The teacher observed each student interviewer and made written evaluations based on a scale from one to five (one, low to five, high) in three participant categories:

1. Participant's initial willingness to explore a drug awareness project: 19/19 (5).
2. Participant's confidence level to locate alternatives to substance culture participation: 19/19 (5).
3. Client's level of response to questionnaires and survey materials: 1409 questions answered out of 1496 questions asked.

Student interviewers were selected by the teacher on the basis of their answers to Survey 1 (Appendix A:84) when the students indicated a negative attitude towards substance involvement with cigarettes or alcohol, thus providing substance-free interviewers who could clarify related issues and provide substance-free experience for their interviews. Bob Meehan offers a guideline for a free community, out-patient, non-profit drug program staff which must be sober. "No staff members who claim to be former abusers must use any chemicals whatsoever, even alcohol." (Meehan and Meyer, 1984:256). Understandably, to be effective, staffers, in this case peer interviewers, are far more convincing when they practice what they represent which is drug-free status.

CHAPTER II

Research and Solution Strategy

Literature

A literature review of over 2,300 pamphlet, newspaper, journal, magazine, and book pages taken from six libraries, an ERIC search of school-based peer assistance substance programs, a request to the U.S. Department of Education for written materials, and a computer search through the Reader's Guide Abstracts have revealed national, state, and local audiovisual and print news reports indicating daily substance abuse affecting business sick leave rates, air and ground transportation accidents, family dissolutions, teenage crime from petty theft levels to kidnapping and murder, academic absences and failure, individual feelings of loss of purpose and meaning in life. The excessive volume and variety of substance-related problems among teenagers and their peers is disproportionate to the scarce numbers of peer-to-peer level programs designed to help teenage substance users. Whereas some argue that schools are responsible only for academic preparation of teenagers, on the other hand schools are the only regularly scheduled daily congregation centers for young people outside the family circle in which teen substance users can find counseling and assistance in a non-punitive, no-cost, protected arena. This public news state of affairs is relevant to school

programs aimed at leading American youth to an activity higher than abusing drugs in seven major areas of interest:

1. Substance abuse education has impact on teenage knowledge of types of drugs, their effects, and health-threatening dependencies, but does not have a change-producing influence over substance user's attitudes (Flay and Sobel, 1983).
2. Drug education alone is not sufficient to help teenagers develop the set of social-coping behaviors needed for teenagers to deal with social confrontational drug use pressures from media broadcasts, adult, or peer groups (Flay and Sobel, 1983).
3. Alternate activities to drug abuse (Swisher and Te-Wei Hu, 1983) in physical, sensory, emotional, interpersonal, individual, religious, and academic areas produce higher self-esteem and less drug use; however, vocational, extracurricular, social, and entertainment activities indicate higher drug use.
4. Teenagers show little concern about the dependency that may result from substance use and they tend to overestimate their ability to avoid health-damaging substance use patterns (Botvin, 1983). This problem is related to two studies: one, of peer conducted research in which students in an American high school (Wenk, 1973) were involved in a

program as both partners and participant researchers resulted in teenagers realizing their need for meaningful relationships, heightened awareness of future substance use consequences, and developed the ability to maintain a healthy body and mind. The second, an international program sponsored by the World Health Organization (Perry and Jessor, 1983) was conducted in several locations; namely, Finland, United States, and Norway, resulting in conclusions which support early school health education-based intervention, increased physical activity, and health eating patterns among teenagers. The limitations include reducing health-compromising behavior almost exclusively focused on cigarette smoking and less attention on environmental changes including the larger environment of the social norms and social supports (Johnson, 1983). A third study suggests that recent research demonstrates the same approaches can be useful for preventing the onset of alcohol and marijuana use as cigarette reduction programs (Botvin, 1983).

5. Most school-based substance use programs involve individual, group, and parent-individual therapy depending upon the availability of counselors, surveys, and questionnaires, and some health education related class work with one to two year-end results tallies (Flay and Sobel, 1983).

6. Communications from favorite non-substance using music groups and sports heroes do have a positive pro-life influence on teenagers, but must be complemented with school and community-based health programs (Flay and Sobel, 1983).
7. Low educational attainment (McAllister, 1983) may be associated with low rating of physical health, reports of emotional problems, failure to use seat belts, smoking, and a sedentary lifestyle and this pattern of disturbances in family, school, and community relationships which are the product of larger forces such as the deterioration of economic conditions or international relations (Mechanic, 1980).

The National Institute on Drug Abuse reports in a study at the University of Michigan (Johnston, et al., 1981) that use of cocaine in the west and northeastern states has tripled from 1975 to 1980 and doubled among high school seniors in north central states. The Sixteenth Annual Survey of Higher Achievers in the Who's Who Among American High School Students, published in 1985, lists 25.6 percent of high school students in favor of having a drug and alcohol abuse course to study. This was second to suicide prevention, 17.9 percent, and third to college selection and preparation for college life, 38.2 percent. Ironically, music and art ranked last at 1.6 percent and 1.8 percent, respectively, and these are the two classes

that can provide the most alternative activity for the substance user: an example of the teenager's lack of ability to make wise decisions, albeit an indication of social problems awareness.

A review of the ERIC, Reader's Guide to Periodical Literature on CD ROM, available literature, and county level programs indicate a few high school student assistance programs which are teacher-student oriented or other significant adult-student related. Wenk (1971) offers a non-traditional research model, but other than the Peer Counseling Program there does not exist a student-student program available to address drug related issues for students on a school-wide basis in this southern Florida county. The TAP program (Teachers as Advisors Program) does not include available assistance for chemical dependent teens but does offer teachers a 10-minute, bi-monthly meeting for a group of 10 or 12 students for informal discussion on topics provided by the teacher in a lesson plan format. This school-based program is adult oriented and is conducted with the principal's support.

A Prevention Program Officer has substance use specialists who, with the permission of the parents, offer help through trained personnel to teenagers in a critical chemical dependency whose academic performance is being affected by substance use. This referral service is carried out through school administrators and teacher or guidance personnel who help identify the student with the

chemical problem. Only individual students are addressed by the program; however, the remainder of students at the school continue to use chemical substances and contribute to statistics for alcohol-related driving deaths among teenagers and lower academic performance.

The Maine State Department of Educational and Cultural Services has produced Guidelines for Setting Up Support Groups in the Schools, written by Bruce P. Spang and Judith M. Redding, designed to organize small, adult-led groups in complete detail for assessment, family-related substance use problems, and the recovering student group.

Discovering individual goals, drug education, constructive help for feelings of students whose family members may have a problem with substance use, relationship building, listening skills, problem solving, how to approach group processes that may assist teenagers and elementary level students are covered in these non-classroom use guidelines. Sample questions and projects to help initiate group discussion are given for each of the three groups.

This program provides specific material in outline and question form from which a school administrator may develop the three-group program. Outside experts in the mental health sciences or trained specialists in chemical dependencies are not necessary to fulfill the guidelines since in-service training can provide teachers who

may be willing to serve as group leaders. There is not, however, a peer group involved by which students can help each other, nor is there follow-up of student participators by group leaders.

The development of a teenager progresses to a point where the adolescent has separated emotionally from parents and begins to rely on a peer group for support and advice. This peer group is found at school and may influence the teen to use drugs as an escape from stress or continued frustration which causes unresponsiveness in the school classroom, truancy, preoccupation, or excessive acting out behavior which renders the teen unable to function in a school environment. Hostility, aggressiveness, withdrawal, belligerence, and highly emotional behavior also characterize the substance using teen (Pozella and Selinger, 1981). The solution offered is an adult-centered team approach with teacher, guidance counselor, and principal who assess behavior and present the findings to the parents in a positive manner. Perhaps, if counselors were not inundated by the paperwork of testing, schedule changes, graduation requirements, and college application processes there would be greater guidance one-on-one time for teenagers.

This program is effective in an ideal school setting but does not reach the one out of every three students who are substance users. A peer assistance program could provide daily available help to teenagers who share common experiences and who communicate

readily with one another more so than with the parent-guidance counselor-principal-teacher team.

In 1971 a New England high school of approximately 2,000 students was the setting in which the traditional investigator-subject research model was replaced by involving the subjects as partners and participant researchers in self study (Wenk, 1973). The project is a learning experience for the participant researchers because they have to study drug use, the problems such use poses to them and their peers, and present their findings to peers and teachers at the conclusion of the project during a workshop session. Results included student requests for school-related drug education, students studying strategies for dealing with drug use in various social circumstances, and students learning how to survey others on the uses of drugs during teenage years. All of the freshman boys who answered the order-of-use question initially used alcohol, followed by marijuana, and then other drugs. The freshman girls who responded showed 50 percent began with alcohol, the remainder began with marijuana or with other drugs. This pattern was the same for students in the sophomore year. Juniors and seniors initially used alcohol but then about 50 percent used marijuana whereas the other 50 percent used other drugs. Questions presented to students included who used the drugs, what drugs were used and the frequency

of the use, relationships of the drug users, and should the use of marijuana be legalized.

Project students requested teachers to leave the classroom while questionnaires were being answered in order to assure a high degree of open response but had to convince participants that there would not be an administrative pressure applied to them if a high degree of drug use was revealed. This program provided fresh research data with a high degree of originality but did not clarify drug-related issues for teenagers. Teenagers are usually not sufficiently far sighted to be able to realize how complex drug use can become over a period of time nor do they realize the degree of addiction made possible by drug taking.

Another difficulty was the one school year period this program took to administer. Some schools have high curriculum demands and cannot afford this much time to spend on such a program.

The National Institute on Alcohol Abuse and Alcoholism has prepared a manual for a student assistance program based on the Westchester County, New York, model (Snyder, et al, 1984). This assistance program utilizes professional counselors who are accountable to the school and local health agency in which they are employed. Six groups involving students, parents, and schools coordinate to form a network of support for substance users. Questionnaires search the degree and type of substance use and the

professional counselor analyzes results to determine which resource person to have on hand to lead group discussion for the purpose of reaching answers in a self-help mode. Thus the group perceives it has found its own solutions rather than have the solution given to it by the counselor. Similar to the aforementioned programs this student assistance group method is adult led and does not allow for peer-centered participation. Evaluation results show that school attendance had improved, there was a decline in the use of alcohol and other drugs, and schools that applied the model were given specific procedures for helping students with alcohol and other drug problems. Students were advised that taking part was completely voluntary and confidential and the questionnaire instructions and federal guidelines for keeping such records were respected in the program thus assuring clients.

The final student assistance program evaluated in a June, 1986, report from Albuquerque, New Mexico, (Boyce-Prather and Shainline, 1986) was also adult led by program counselors who took referrals of substance-using students from parents, teachers, aides, detectives, principals, nurses, self-referrals, or friends. School administrators, detectives, and aides referred the larger number of students to the program in which a large high school student assistance program provided information, student counseling, and parent-student counseling. More than half of the students were not

aware of it, but all the faculty felt a high need for such a program. School teachers and staff were trained on an inservice basis, a counselor also met with a task force, a district health promotion team, and gave individual counseling for faculty members in addition to forming two special teams to deal with identifying potential high risk substance abusers and referring students to appropriate services. A conclusive summary indicated most students were satisfied with the program, but more than half the students in the high school were unaware of the program and its services. Some students declined to participate because they did not wish to speak with an adult about their substance use problems and concerns.

If more than half of the students in the school were unaware of this program's availability, then this group did not receive the benefit of the program network of assistance. The other drawback of such a wide-scale program is the necessity of having so many people involved in helping one teenager who could be enrolled in a peer program with just one peer and a teacher. The benefits of cost reduction and the necessity of fewer personnel are an added advantage of a peer-assisted program, in addition to the time saved between teen substance user identification and peer assistant help provided.

"Honesty with yourself and with others," is John Durham's key to success in treatment as he states in an interview with Arrarte

(1989). The interview with the Durham family in Miami reveals the grief and family disruption four people faced before their father finally sought treatment in a counseling program at Mount Sinai Hospital. Mr. Durham's observation applies to teenagers who will sometimes admit that they tell teachers and parents what is expected of them rather than the truth of the situation. How can all teenagers speak to a school detective, counselor, administrator, or other professional about a chemical dependency? There are many successes in this relationship and much excellent work has been carried out by health and school professionals; however, teenagers continue to use and are adversely affected by chemicals. Other teens know this because teens speak more freely with each other than in a teen-adult relationship. Teens usually can identify a teen con artist in the student group and are quick to voice their evaluation of individual truthfulness. Mr. Durham's son, Scott, said, "With my kids, I'll tell them my life story. I'll also send them to meetings with my brother (who is a recovering alcoholic and addict) so they can see what it is about. I'll teach them to be their own person." (Arrarte, 1989:86).

Do you learn to be your own person in drug awareness classes or at rehabilitation centers? Many rehabilitation centers offer sports, arts and crafts, or other activity lessons as a time occupation and substitute for chemical use. However, croquet

instead of cocaine is only a temporary trade and there are no long-term, cumulative evaluations made of how effective drug awareness classes may be. Teen peer shaping of positive values and constructive ways of dealing with problems can last a lifetime because young people in the formative years can be influenced for lifesaving ways by their peers who are eager to learn sports, attain an education in school subjects, be the best friends for their friends, and enjoy their families. A report in February, 1989, from the University of Michigan's Institute for Social Research (Miller, 1989) revealed a drop in high school students' drug use across race and socioeconomic classes but did not attribute results to a specific school program. One program, "Here's Looking At You," developed by Clay Roberts in Seattle, Washington, may have increased teen knowledge about alcohol or drug use but may not have made changes in teen behavior. One of this program's goals is to teach kids to resist peer drug use pressure while maintaining a friendship. A related article, "Evaluating the Effectiveness of a School Drug and Alcohol Prevention Curriculum: A New Look at Here's Looking at You, Two," by Justin J. Green and John M. Kelley (1989) indicates HLAYT improved knowledge scores significantly, but the question of changing attitudes remains a matter of future investigation. The authors propose teachers have less time to change attitudes, hesitate to deal with students' self-image, have

little faith in a program's abilities to change attitudes, and suggest that a cross-sectional study cannot measure cumulative changes over long periods of time. Parental education and gender differences also influence test findings, but attitudinal changes were not brought about as much as changes in knowledge levels. Changing peer knowledge about drugs does little in changing attitudes in the peer group. Some teens bring an open mind to their peer group, and attitudes toward social ways and institutions are molded to agree with group cohesiveness while other attitudes are brought to the group already fixed firmly by family values and beliefs. Such preconceived attitudes held by teens who are not substance users or abusers may remain even though challenged by after-school parties where substances are used openly and the suggestion that group approval is given for shared group use. A teen learns to be diplomatic about a friend's chemical use while maintaining a drug-free body. A teen who has set his own rule for this can more easily abide by being an individual who enjoys a high degree of freedom from the lemming mentality. He has discovered that "being his own person" does not cost him his dignity nor the friendships based on mutual trust rather than on shared chemical substances. Too often, however, teens learn that using drugs is acceptable from adults, published print and video materials, as well as their peers. A review of several miseducation sources reports

one book, Chocolate to Morphine, published in 1983 by Houghton Mifflin, indicates, "Drugs are fascinating because they can change our awareness. Occasional snorting of cocaine in social situations is probably not harmful" (Mann, 1987:107). Since 1977 and every two years after, the National Gallup Youth Survey reports drug abuse as the number one problem facing teens ages 13 through 17. Teens can recognize a problem facing them but can those same young people recognize a book, textbook, or other medium message misused in a school environment? Drug promotion is daily mind hypnotism on television commercials and a stroll through any "drug" store will convince a visitor that drug use is approved in view of the quantity of over-the-counter pills and potions available to the public on open store shelves. In addition to public store drug promotion, in certain film, cassette, and television messages

> children are taught that they should use drugs "responsibly," the implication being that experimental or occasional use is not harmful. Yet the annual National High School Senior Survey has shown since 1975 that one-third of occasional pot smokers become daily users at some point in their lives, and, of seniors who currently smoke pot at all, about half use one or more additional illegal drugs.

(Mann, 1987:107)

Ready access to drugs and the young age at which children are exposed to drugs underline the need for a peer-assisted program to help teens deal with this issue. Using high school senior athletes as peer role models and educators, James H. Palmer, working with the

Alcohol and Drug Defense Program, a division of the State Department of Education, conducted a workshop to prepare senior athletes to help peers involved with drug use. Mr. Palmer found that drug curriculums should focus on the "whole person," rather than on just knowledge alone and that a professional high school staff person should be included when teaching peers to assist one another. He also discovered a high motivation level among senior role models free of drug use, but not enough teachers with time to devote to watch over senior peer role models and the work these teens were doing. A third problem was not enough time during the workshop for each senior student to develop a personal action plan which outlined strategies to conduct prevention activities at middle and elementary schools when the senior students returned to their schools. A senior in college may have a history of five to six years of regular drug use; a senior in high school may have been using drugs since age 10 and the implication is that high school or college teens may not be very flexible in their thinking or drug habits due to a past history of experiences. One-week workshops may or may not change behavioral patterns that are ingrained from years of party-time habits. A longer peer-assisted program may be the answer to this problem inasmuch as the teen then has the time to explore his own attitudes and arrive at a conclusion about his own drug use for which he would have to be accountable since he is participating with his

peers during the process. One problem with senior athletes as peer drug use counselors is their number and availability. Senior athletes have a full evening schedule of practice and games that makes taking on additional counseling with fellow high school students even more complicated. Moreover, not every high school senior is interested in assisting another student who has drug problems and the student user may not be able or interested in relating to a non-drug-using athlete. Scheduling a time during the back-to-back class schedule would also be very difficult in view of coaches' efforts to have each athlete maintain a passing average. In principle, however, the program has the advantage of teens assisting each other with assurance of mutual understanding. A session on the dangers of steroids was scheduled but had to be cancelled, and this was an important topic for these students to hear. Again, not enough time was available for the workshop topics to be thoroughly covered. Another barrier to full experience of this peer program, and the main barrier, was the reluctance of schools to assume responsibility for such programming even though research makes a strong case for schools as the most appropriate setting for early identification of and intervention with young people who are using drugs (Palmer, 1989). Educators are beset with excessive paperwork and problems extra to their required curriculum and need, if anything, to be freed to read new developments in their

subject area fields and to refresh themselves in order to help a student body that has changed dramatically in the last 10 years to include a 50 percent divorce rate resulting in single-parent homes, a 30 percent reemployment rate among juniors in high school, teenage mothers with from one to three children by the age of 18, students' rights without a sound upbringing of responsibility commensurate with their attitudes, and drug experimentation among the dealers, pushers, and users of drugs. School-age drug babies, specifically cocaine, will number four out of every 10 by 1995, and the school system will have to prepare for chemically damaged youths whose short attention spans and loud, aggressive behavior will rival what is presently on display among school populations at all levels. Thus the need for peer relationships in which members can find constructive alternatives to what appear to be unsolvable problems.

Johnson (1980:72) maintains that

> constructive peer relationships are centrally embedded in the socialization of youths and are prognostic indicators of future psychological health. In addition, they contribute to the development of sex-role identity, influence the ability to see events in perspective, and to acquire educational aspirations and achievement, and are related to patterns of drug use.

Further, Johnson maintains there are four steps needed to ensure constructive peer influence:

1. The teaching of interpersonal and group skills necessary for maintaining interpersonal relationships.

2. The structuring of cooperative situations in which youths work with their peers.
3. The requirement that peers hold each other accountable for constructive social behavior in which they learn the value of self-control.
4. The encouraging of the development of autonomy.

Thus, the level of socialization among teens is increased in a positive way that will result in healthy adult socialization patterns.

Since constructive peer relationships are main contributors to teenage development, then the role of a peer assistance program can be a major one in helping teenagers clarify their own stand in respect to use or non-use of drugs. Each individual teen contributes his special perspective on issues and relationships, and teens are especially eager to share their own insights on lifestyles and what they enjoy doing with friends and families. One benefit of all drug programs, school or community oriented, is that parents and educational leaders are faced with their own substance use patterns and how to deal with them in relation with their own children or with their community's youth. Constructive peer relationships can be encouraged by parents and educational leaders who are substance-free models since substance use does not enter into their relationships to upset or destroy them. The use of

alcohol and cigarettes can be more influenced by parents than peers (Sheppard, et al., 1987), and it was reported in a study by several researchers (Babst, Miran, and Koval; Forslund and Gustafson; Kandel; Barrett and James-Cairns; Kandel and Adler; and Tudor) cited by Sheppard, et al., (1987:181) that "drug-taking behavior is most influenced by peers." Drug-using young people are more likely, then, to have drug-using associates and are more likely to act in drug-using groups. Sheppard also maintains the key to teens becoming drug users is the fact that teens seek out a peer or peer group who supply support and approval for drug-use behavior since teens mature in an experimental phase of their lives. Sheppard (1987:249) is firm in stating that "drug-using young people are more likely to have drug-using friends and are more likely to participate in a drug-using group." This is temporary, however, since teens move in and out of circles of friends while most remain loyal to parent's values and influences. In a study by the Addictive Research Foundation, the Educational Research Section found that the majority of 5,000 students, grades 7-10, had not been pressured into using drugs. In fact, the tenth graders in this study of cannabis had either been offered the drug once or twice and 61 percent had never been offered the drug. "The majority of students at all four grade levels had never felt pressured to use cannabis, and even if they had, they felt pressure only once or twice" (Sheppard,

1987:181). Also, "students seemed to feel free to accept or refuse at any time" (Sheppard, 1987:183).

This study presents the points that teens have used the peer pressure excuse, that the excuse is not valid by virtue of several researched studies, and that the responsibility for drug use or drug-free experience is the choice of the teenager who is at all times free to choose. Most choices are made by teens in groups of their peers, however, rarely, if ever, in the company of parents. If teens can counsel each other to choose to be substance free, then society will be drug free, thus benefitting everyone at home, school, and their place of employment. Once a teenager has chosen to be drug free, he has established a value for well-being that will serve him for a lifetime.

A year earlier, in 1984, Sheppard wrote an article addressing the possible areas in which education could have the greatest impact on drug prevention. In "Drug Abuse Prevention Education: What Is Realistic for Schools?" three ideas emerge: (1) the first use of a drug is followed by repeated drug use, (2) students with lower averages are the "heavier drug users," and (3) among teens who had not already used drugs, the best predictor of drug taking was the value teens placed on education and expectation of success through education. These three ideas can be influenced by values clarification (supported in this practicum), teaching teens how to

make decisions and how to cope with social situations, and giving extra academic help built into "integrated growth-oriented programs" (Meehan, 1984:254). How can schools, already burdened with class overloads, extensive required curriculums, and the onus of potential parent legalities add the responsibility of an anti-drug program for teenagers? Thus teachers understandably view the basic responsibility for substance use education lies with the parents for their own children.

Peter E. Nathan's (1987) article, "Failures in Prevention--Why We Can't Prevent the Devastating Effect of Alcoholism and Drug Abuse" states that prevention measures among youth range from programs that provide drug education alone to those that intend to raise the legal drinking age or the price of alcohol. Knowledge amounts and attitude positivity changed, but few programs resulted in behavior changes. Only one exceptional program developed by Goodstadt, Sheppard and Chan in 1982 made decreases in alcohol consumption following an alcohol education program for grades 7-10. The program covered alcohol advertising, myths, family effects, driving, sports, fitness, and alcohol and sexuality. Considering the wide range of topics and the number of grade levels involved, it must have required many employee hours and much student contact time with the program for it to be successful. These prevention measures do not mention peer involvement and it may be possible that

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such an addition could have brought about a new dimension in the program's effectiveness.

An article written by Harold Berdionsky, Rebecca F. Brownlee, and Ajuba B. Joy (1988:133) states:

> Many young people begin heavy experimentation with gateway drugs (i.e., those substances which, when used, lead to experimentation with harder drugs) in late primary and middle school grades and often become both frequent users of these substances and testers of heavier drugs by the end of their middle school education. The earlier youths experiment with gateway drugs the more likely they will be using harder drugs by late adolescence.

These observations are supported by a North Carolina study (Palmer, 1987) which also showed the need for alcohol education programs. Results of the study indicated more than one in 10 junior or senior students had been in a car with a teenage driver who was drinking, over 50 percent of students in the study reported drinking alcohol while sitting or riding in a car at night, students drank usually at parties with no adult supervision (a fact substantiated by results of a survey given in this practicum), and almost a third of the students reported being drunk or very high on alcohol during the year at least once. A model cooperative program which coordinates a community-based Drug Action Program and an urban public school system was developed assuming that the best way to prevent drug use is to teach special life skills for dealing with problems that may increase drug use risk. Four in every 10 students reported using marijuana or hashish during their lives which indicates the

possibility of a variety of drugs used by teenagers (Palmer, 1987). Due to this discovery, components had to include the effects of cigarette smoking, alcohol, and other drugs in four areas: cognition, informational, providing factual evidence of substance effects; decision making, helping teens be aware of advertisers and environmental influences on their thinking about drugs; anxiety reduction, overcoming shyness, developing assertive behaviors and enhancing verbal and non-verbal communication; and last, self-improvement, emphasis on self-image and how it is formed and how improvements can be made.

Five- to 10-hour workshops are conducted for middle school counselors and teachers to help students with self-esteem, assertiveness, decision making, and problem solving, and help educators recognize adolescent substance abuse, assist with the problems teens face, and have a positive influence on student behavior. Although this series of workshops may be effective in terms of counselor and teacher awareness, no peer assisting takes place in which teenagers help each other. This missing link gives teens a purpose for participating in a more meaningful way other than knowledge related activity. Robert L. Bangert-Drowns (1988:258) comments:

> Though education appears to be very effective in increasing students' drug-related knowledge, attitudes toward drug and alcohol abuse are more resistant to change, and substance

abuse is often unchanged by the drug education programs reported in available publications.

Attitudes can be changed by consistent, persistent peer assisting because teens are receptive to each other.

The Drug Action project also offers Families in Development (FIND) for students who have violated drug possession rules in school. Students in grades 6-12 are provided with skills in the areas of decision making and communication separately from their parents who are meeting in adult groups with similar group purposes. The students and their parents then meet together at the conclusion of the program's seven-session series to share common learning. Results have shown during 1986-1987 that 40 percent of the participants abandoned drugs and alcohol, but these changes were not applied to academic performance. The student's school attendance improved, but this was not equaled in academic improvement. The conclusion to both programs indicates a continuing cooperation is needed between school and community in order to help eliminate youth drug abuse. While these programs offer a solution to aimless youth who choose drugs over decision making, the peer aspect of teenage involvement is missing except in group counseling sessions. If the teenagers are adept at convincing each other to use drugs, why not, after the appropriate education is supplied, have them counsel each other in positive non-drug ways of life?

In an attempt to provide computer software that educates all grade levels of students, the Queue Company Intellectual Software, Right-On Programs, and Learning Multi-Systems, Inc., have created Drug Abuse, Say No To Drugs, and Body Awareness Resource Network. Drug Abuse (Safer, 1989) is available to drug education programs grades 7-12 and offers a tutorial program of subject area information such as "Alcohol" and questions in multiple choice or fill-in format for 15 minutes. Say No To Drugs, grades 4-6, offers self-esteem and confidence building through group activities related to activity worksheets. The teacher directs these activities which can be as long as an hour. Body Awareness presents a comprehensive health series with emphasis on decision-making skills and has been tested by over 6,000 teenagers for more than two years. The review article indicates an additional 11 references that can be purchased and supplier's addresses. This is one source of educational materials for young people to be used by them with teacher guidance.

There are several intervention programs in progress that rebuild lives and help people take responsibility for themselves. One such program is the "Stay'n Out" drug treatment program for hard-core criminals held in Arthur Kill Prison (Ehrlich, 1989) and at a New York women's prison. A higher 77 percent of graduates staying free of crime and drugs for three years after release beat the 50 percent rate in other prison treatment programs. The program offers service

classes on drugs, alcoholism, life skills classes for how to look for a job, or begin a banking account. Counselors are former addicts who are now role models for other prisoners. These programs are similar in content and purpose to those available in the schools for teenagers except that the peer counselor is older and has a criminal record. The fact that a treatment program is available helps to release the criminals from the vicious cycle of drug use, crime, and jail terms.

Another program in Summit, New Jersey, directed by Nathan Fears at Fair Oaks Hospital treats adolescent drug abusers. Fears (1989) maintains, "What turns a kid around is treatment, an investment of family time and sitting down and doing things differently . . . you have to set limits." Parents are urged to become familiar with drug information and discuss the legal and physical impacts of drug use as well as the myths. Death and jail terms are also possible as well as "getting high," but many teenagers are unaware of the impact of a lengthy jail term or criminal record. Treatment is urged as a family solution to the drug problem.

Drug problems can be avoided by proper prevention programs in the schools. In one Utah school district such a peer program has been initiated in which older students are trained to counsel the younger peers and to welcome new students (Witkin, 1989). This is one of a few school programs designed to assist teenagers on a peer

level. At the Health Behavior Research Institute of the University of Southern California, Los Angeles, students select peer leaders who help in organizing and researching the unit which includes how to say "no" to drugs with role playing and feedback. This curriculum is designed for students elementary to middle school levels and is a peer-oriented program which is one of few available to schools.

As recently as three years ago, national drug education on a school level has been receiving low to failing scores. Hundreds of millions of dollars have been appropriated for programs designed to meet the needs of children as early as fourth grade. Drug dealers on the streets, however, are as young as seven to eight years old and this presence of drugs in elementary schools is a chief concern of parents in many national polls. Most fourth graders in a 1983 poll by Weekly Reader magazine gave fitting in with others as their reason for trying drugs (Levine, 1986). If peer pressure is a motive for a fourth of young people to try alcohol and marijuana, then peer pressure can be a positive force in a study such as the Peer Assistance Program because teenagers do not like being known among their peers as "substance users."

Some studies, however, have shown that drug education has had a variety of results. One NIDA survey of seven strategies to improve self-esteem has concluded that these strategies are

virtually useless as drug deterrents (Levine, 1983). Another NIDA-sponsored survey of 17 drug education courses showed minor effects on drug use and attitudes. Criticisms of the programs coming from outside the school systems are that teachers do not feel comfortable with techniques provided to convince teenagers to engage in anxiety-reducing strategies, theoretically thus enabling the teenager to better be able to handle stress and improve relations with others in an attempt to reduce drug use due to reason of insecurity. Another criticism of drug education programs is that the material to be covered is too time consuming to be included within state-mandated curricula. There is so much new information generated in the era of rapid telecommunications that such developments are highlighted in daily news sources but are not given the spotlight necessary for full dissemination in public or private school settings. Some programs fail to evaluate fully the actual use of substances by participants and some high school students claim to be drug free out of a sense of satisfying teacher perception or because this substance use is being hidden from parents or guardians. Teenage users of chemical substances seek immediate pleasure or the "thrill" of doing some activity that gives them a sense of wrongdoing without noticeable penalty: a forbidden fruit syndrome. What used to be sneaking a cigarette or chocolate in secret, however, has escalated into hundreds, sometimes thousands,

of dollars in the possession of teens 12 to 16 years old and the larceny, deceit, academic achievement problems, and use of crack cocaine, marijuana, or other substances that can lead to early disease or death. This weakness in the national social fabric is critical to our international security. Once a general population is undermined by substance abuse, there is little resistance to invading military forces. In order for a nation to maintain its world powers, there must be a healthy change in attitude among public school youth. Before a healthy change in teenage attitudes can take place; however, much work must be done to make a connection between what the school is teaching in health classes and how parents are involved with their teenagers at school. Health programs that require parental participation in the counseling of teenagers with drug problems are more effective in terms of reinforcing teenagers in a school setting. Briefly, such programs since the 1970's have had some impact on lowering the number of students taking substances nationally, as the research literature is reviewed in this practicum, however, the focus has been adult-centered in teacher-directed programs (Kirkpatrick, 1988).

Drug programs run the gamut from fourth to twelfth grades, simple one-day surveys to million-dollar research projects taking years to complete, and from individual teen participation to teen, parent, school, and community involvement. In spite of the range

of drug problems, however, the ultimate reality is that teens are still the highest numbered risk group of alcohol and driving abusers, are the group most killed by that combination, and teens who begin the substance habit are more likely to continue. Since teens are usually in the company of other teens when the substance use, the drunk driving, and the discussions whether or not to use substances occur, it follows that a peer assistance program that reaches a cross section of tenth and eleventh graders could make a difference when it comes to teens making a substance use decision. No matter how complex a societal interface exists, it is the teenager's sole responsibility to decide for himself whether or not to choose to be and remain drug free.

A statement from the introduction to Protecting Oneself and Others - Smoking, Drinking, and Drugs: Teenage Health Training Models, (Newton: Education Development Center, 1983) presents the state of assistance programs:

> Originally, educators tried to get fundamental information out to students, assuming that if the students understood the substance and the implications of their use or misuse, they would modify their behavior. It quickly became clear that knowledge, although necessary, was not sufficient. Another set of programs was then developed that centered on the effective dimension, in particular, how students felt about peer pressure to experiment. These programs tried to bolster students' resistance to peer pressure, implying that students should separate themselves from friends who seemed to be pressuring them unduly to do unwise things. Programs were also developed to promote positive self-esteem as a sort of defense against the temptations of adolescence. These curricula sought to create individuals independent and

assertive enough to stay healthy in spite of contrary social and personal forces.

Since such programs have not succeeded in a shift of adolescent attitudes to a curb in substance use, and since the attempts at encouraging resisting peer pressure have also not succeeded, there is a need for a program harnessing peers who live as substance-free advocates to assist their substance-using peers to clarify substance issues with teacher direction. This program should be available to all teenagers on an impersonal basis so as to relieve the perceived power relationship teachers have over students in a classroom setting and should be free of administrative follow-up to put pressure on substance users. Clarifying drug-related issues can educate substance using teenagers through a peer relationship and can have a positive influence on teenagers to decide to choose a substance-free life.

Even though there is available much literature on teen drug use, drug education, and drug treatment programs, very little literature is available dealing specifically with peer-assisted programs designed for classroom utilization at the secondary level. References by Palmer (1987, 1989), Wenk (1973), Pozella (1981), Sheppard (1987), Snyder (1984), Friedrich, et al. (1985), and Boyce-Prather (1986) address various aspects of peer drug program involvement, but none of the aforementioned articles presents a program with peer assistance predominating. Peers have been

successful in Palmer's studies and he, as well as Crowley, Muldoon, and Towers make a strong case for schools as "the most appropriate setting" (Palmer, 1989, and Byrd, 1989). Early identification and intervention for young school-attending teens is one positive option they can be given while there is still time to avert teens from drug use and provide healthy lifestyle alternatives. No articles revealed that an activity was unsuccessful in a previous similar situation, although there are varying degrees of success among the drug programs reviewed in this chapter. An activity that has never been used in similar situations that can work in this practicum has yet to be published since this peer-assisted program is a pioneer in its field. To my knowledge, no other teacher at the secondary school level has designed, implemented, or evaluated a teen assistance program for peer help.

Solution Strategy

This practicum participant's solution strategy was based on a set of guidance questions from which a group of 20 sophomore high school students chose questions appropriate for assisting a peer to clarify individual substance use issues. Students were participant researchers inasmuch as they added pertinent guidance questions as the process of issues clarification took place. Such questions were evaluated by the practicum participant for relevancy to the project. Students took a survey on substance use, read and studied high

school drug curriculum materials in their health class, discussed the results, took an individual stand, and wrote an essay on substance use issues. Students reviewed the guidance questions in class, decided which to apply to an interview with the substance using peer, asked the questions outside the classroom, and wrote the answers into an essay in the classroom at the conclusion of the project (Appendix M:114). Interviewees remained anonymous to the members of the class in order to maintain privacy. The practicum participant reviewed each essay and held individual question-and-answer sessions with careful review of the interviewer's attitude as each interview was conducted. Weekly evaluations of written answers were made to continue the project.

CHAPTER III

Method

Candidate Selection

This series of surveys and questionnaires was presented to teenagers who answered positively to Survey 1. Questions number 4 and 8, in a list of one to 10, indicate an attitude toward the use of alcohol. From 80 students approximately 20 high school juniors were chosen as a target group to provide candidates to answer questionnaires and surveys and meet with a peer group of 20 high school non-substance using sophomores who were trained in interviewing and active listening skills. The sophomores were the peer interviewers who assisted the substance users in issues clarification.

Plan of Action

There were seven steps for the completion of this practicum which are summarized for brevity.

Step 1: A large group of teenagers was surveyed by the teacher to determine substance users (Appendix A:84).

Step 2: Non-substance users (sophomores) were selected and trained in active listening and interviewing skills.

Step 3: All surveys and questionnaires were administered to the non-substance users as a practice for the eventual interview with a substance user.

Step 4: Non-substance users were taught in active listening skills and counseling techniques.

Step 5: Non-substance users were teamed in partners to practice interviewing with all questionnaires and surveys. Interviewers chose questions relevant to the teenagers who were interviewed.

Step 6: Non-substance users did not determine the substance user as a possible interviewee. The teacher selected interviewees based on a positive response to Survey 1 since the peer interviewers could not locate substance users. Questionnaires and surveys were given in the order B, C, D, E1, E2, and written interest survey.

Step 7: Results of interviews were returned to the teacher and a written essay was performed by the interviewees (Appendix M:114).

Survey 1

Survey 1 utilized in Step 1 of this issues clarification program initiates the selection process for a group of substance users out of a general population of junior-level teenagers. Asking the right questions helps teenagers focus on the fact that substance use involves people other than themselves, such as a circle of friends, family, schoolmates, and affects activities such as school

performance, thought processes, self-esteem, extra-curricular participation in clubs, sports, or school activities.

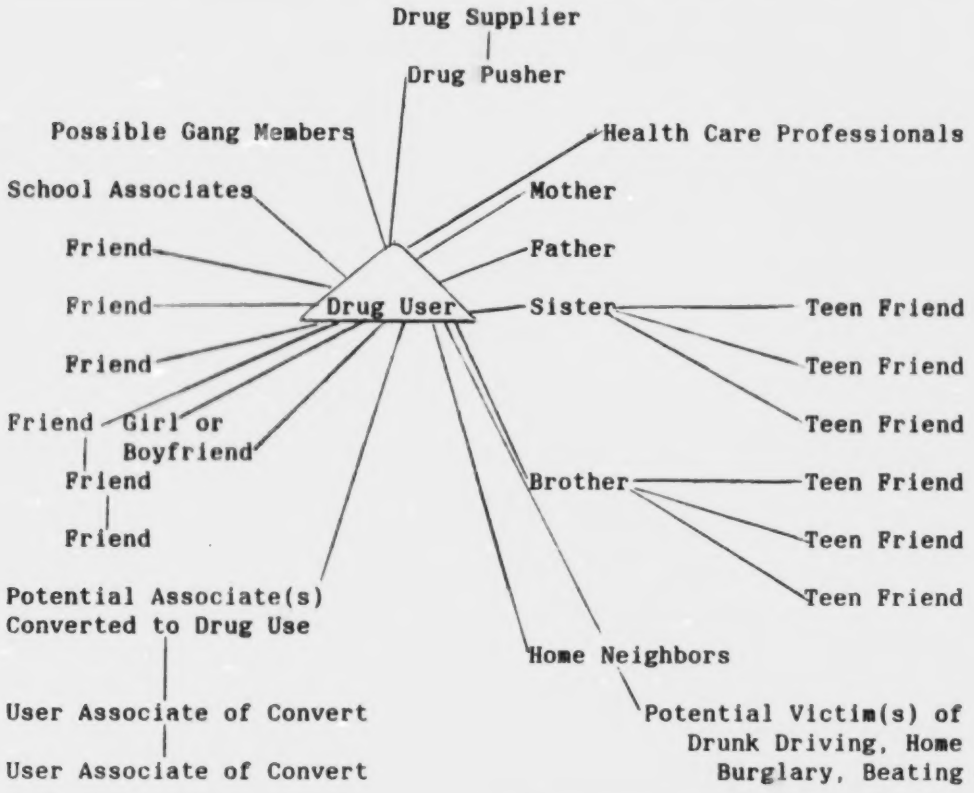

Figure 1

Teen Substance User Relationships

Teenagers on drugs tend to exhibit self-destructive choices, use little or no common sense regarding physical or mental health, and

have all but acquiesced to a sense of failure in life aspects such as individual positive productivity, relating to non-substance users, or positive self-concept. The choice of overcoming substance use behavior seems to elude most teenagers, who instead allow themselves as an escape from active awakening to life to slide down a seemingly easy path to immersion in a drug-induced, walking death. The pages following explain the function of survey and questionnaire items and, where possible, the questions are grouped for a singular explanatory purpose.

Survey 1: Function

Survey 1 was given to high school juniors and sophomores to determine whether the teenager had seen a television program on young people and substance use within the past month and whether a toll-free 800 number was advertised to provide help to anyone with a substance use problem. These questions are designed to remind teens that constructive media treatment of substance use awareness is available. Other questions determine availability of alcohol and/or cigarettes and whether the teens were aware of substance effects on the body. Willingness to participate in a student program or to take a survey is measured by questions three and six and availability of alcohol at parties in question seven. Response to question nine surveys teens younger than 12 who may have been exposed to alcohol. This question was included to demonstrate

whether or not substance users are aware of the availability of substances for youth as early as age 10. Many high school programs are rendered ineffective because by age 14 to 18 the substance user is now a substance-using veteran of four to eight years who is set in this way and will not be counseled by non-substance users or, if the substance user is counseled, the teen is non-receptive to an interview.

Self-Study Guide B - Questionnaire E2

The group of interviewers practiced answering all the questions and surveys in order to achieve experience with the scope of the inquiries. After practicing with these questions, the interviewers wrote a list of five to six original questions they felt could determine how the client could respond to peer-level concern. Sample questions are listed in Appendix G:99. Following Survey 1, Self-Study Guide B, Questionnaires C, D, E1, and E2 were given to the individual selected by the teacher for the peer interviewer to counsel. Each questionnaire was designed to focus on a specific aspect, either causal or related to substance use. Self-image, family relationships, feelings control, and being in charge are a few topics mentioned in Self-Study Guide B (Appendix E:93). Questionnaire C (Appendix F:96) deals with individual responsibility to pay for substance use, health and nutrition, and asks about the effect substance use may have on family relationships. It is

prefaced by an inventory which measured the interviewee's interest level in continuing substance use on a scale of one to five (one, low interest, to five, high interest). Questionnaire D (Appendix G:99) asks why the teen thinks substance use was started, the amount and frequency of substance use, where the use occurred, possible help or feelings that arose during use, and possible relationship changes that may have taken place among peer friends. Family knowledge about this substance use, and family attitude changes as a result of knowing about teen substance use are two sample issues from Questionnaire D. A complete explanation of each questionnaire and survey is included in this final report in addition to the results of each instrument.

The E-series questionnaires explored self-worth and image concepts the substance user held true. How a teen looks, acts, dresses, and relates to an idea like freedom can tell much about the individual self-image in addition to other ideas such as relationships with others, success in learning, open societal attitudes, and specific substance use issues (substance residue in the body, memory loss, and problems parents face when the teen is using substances, for example).

Interest Inventory

The substance user's attitude change was measured by an interest inventory (Appendix B:86) in which the substance user

indicated at the conclusion of the interviews, by marking on a scale from low interest (1) to high interest (5) whether or not a commitment had been made for not using substances. A "Pledge for Health" (Appendix K:109) was voluntarily agreed upon by the practicum participants, but was later dropped. It was a written promise not to use substances in any form now or in the future in order to maintain a substance-free body and mind. This pledge indicated written commitment by the teen who has explored substance-related issues with a peer and who has decided, on the basis of the interview series, to live substance free. Instead a verbal commitment was explored.

Changes to Practicum Method

Originally a random group of students was to be surveyed from the school population in order to locate a group of substance users and a group of peer interviewers who would begin the process of issues clarification. The secondary school curriculum, however, is so detailed, and time and personnel so limited, that it proved expeditious to survey classes only on my schedule. The school day included one class of 22 sophomores who, when surveyed, were a majority of non-substance users. From the other four classes of high school juniors 30 possible candidates for interviews were selected from 80 students who took Survey 1 and answered positively that they used alcohol or cigarettes. This selection process was a

change from the original plan, as previously stated, whereby interviewers were to identify a peer substance user from among their associates. The class of sophomore interviewers felt, after practicing with Questionnaire A, that peer substance users would not answer all 16 questions so it was mutually decided to use Questionnaire A as a basis for the original questions to be composed later in the project. Another change in the procedure involved allowing the group of interviewers to assist each other in the process of deciding how to write interview questions. Peer substance users who answered "yes" to the use of alcohol and/or cigarettes were given a code number for identification, and that number was given on all written material in order to protect privacy.

The method of peer interviewing was very successful because the interviewers, being peers, were relaxed, were skilled in the timing of questions, and were able to receive answers to most of their questions. The only resources needed were notebook paper, pen or pencil, xerox copies of surveys and questionnaires, and a quiet place in the library or hallway in which to administer the questions. The interviewers were close in age to their peer substance users and were understanding, not critical, of them.

Monitoring

Each day during the eight-week program, the sophomore interviewers were requested to refrain from any discussion with other students whatsoever of the participants or the program.

Questionnaire copies were returned, answered, to the classroom teacher the same class hour students were interviewed. A pass was sent to the peer substance user who reported for a 30-minute session when it was convenient to the teacher during that class period. The peer user would report to the door and the peer interviewer would accompany the user, on a pass, to a quiet school location for the interview. At no time would the interviewer take a copy of the questionnaire or survey off campus or to another class. There were no problems with interviews since the class was taught active listening skills prior to the interviews as part of the English curriculum. Written answers to all interview materials were locked and stored by the teacher to insure privacy. A locked file box with folders was helpful and could be brought to the classroom. Teens provided their own pens or pencils and needed to be reminded frequently to use the peer teen user's code number, not a name, on the interview sheets which were turned in immediately after the interviews.

Reaching teens by written and oral interview has proven to be effective because daily school schedules make lengthy meetings difficult to schedule since there are so many field trips, special interest meetings, and other class related reasons for teens to attend. A 30-minute interview between two teens can be worked into class schedules and does not need a special location. A total of 1,573 questions were given and 1,501 were answered. Questionnaire E2 was optional and this explains why 72 questions

were unanswered. Questionnaire E2 had 160 possible answers of which 93 were completed on an optional basis. Questionnaires should be no more than 10 to 20 in number and request single-word or brief-phrase answers when utilized in a series of five or more. Success was to be measured by each student's own increasing level of awareness of substance use effects, by administrative permission of the question-answer essay approach for peer assistance among substance users, and by the degree of peer substance user's interest in choosing to be substance free. These were realistic goals underlined by a sincere hope that 80 percent of the substance users would experience such a degree of drug using issues clarification so as to change their outlook. The practicum student was informed by six of the 20 junior participants that the substance use had taken place since the age of 10 or 11 and that their attitudes toward substance use would not change. These participants, however, expressed initial low interest in substance use, and at the conclusion of the program revealed their true inclination which was pro-substance. It is likely that the degree of peer substance user sincerity grew as the interviewer worked with each interviewee and thus the results (see Chapter IV).

The interviewers benefitted most from this project as is stated in their essays written at the project's conclusion (Appendix M:114). These sophomore students learned how their peers suffered

from substance use and how difficult it is to be released from substance use habits established over many years.

Since this practicum was a pioneer project and none of the readings produced actual materials from other schools for classroom use, there was ample opportunity to create new materials and apply them to the project. No exemplary strategies have been used in other classroom settings as a class project, although individual counseling techniques have been administered in peer counseling programs.

CHAPTER IV

Results

Pre-Assessment

A Pre-Interest Inventory Likert scale from one (low) to five (high) measured interest in substance use by 20 high school juniors who answered positively to a 10-item survey:

Table 1

Interest Level	Responses
0	3
1	11
2	2
3	2
4	0
5	1
5+	0
NA	1

The majority chose to respond in the low interest range, but this indicator does not correlate with subsequent data. Six of the 20 participants confirmed they used substances at parties after

completing the survey. Nevertheless, they continued to participate in the peer assistance program.

Self Study B, Questionnaires C, D, E-1, and E-2 total 71 questions designed to help the teen substance user clarify issues related to the use of substances and how such use can result, for example, in changes in relationships. Self Study B was designed to help the teen focus on positive attributes of self, to discover whether or not the teen wished to be more in control of feelings, exchanges of ideas with others, and a perception of adulthood. Questionnaire C directly addresses the issues of relationship break-ups, personal fears, ways in which users are nurtured, and whether friends are involved as users or non-users. This survey is followed by 20 questions specific to reasons for starting substance use, degree and frequency of use, reactions, age, and local relationships involved, and the question of peer pressure as an influence on substance use. The last survey, E-1, dealt with alternatives to substance use such as other rewards, freedom, how the teen felt about individual appearance, and a definition of freedom, germane to a teen drug user whose task is to be free of chemical dependency.

Assessment

Since Questionnaire A was used only by the interviewers as a guide for writing their counseling questions, Questionnaire B revealed some interesting responses:

Table 2

Questionnaire B Responses

No.	Question	Yes	No	NA
6	Would you like to be more in control?	18	1	1
7	Would you like to have more positive relationships?	15	2	3
10	If you could strengthen a family relationship?	Father=8	Mother=6	Sister=5 Grandma=1
12	Do you enjoy being in charge of yourself?	20	0	0
13	What three activities do you enjoy doing by yourself? Sports, music, televisions, reading, cleaning, caring for a pet, driving a car?			
14	Do you have a pet?	10	10	0
16	If the family system could be changed how would you like to see this? a. Do more around the house b. Have more freedom c. Get closer d. Talk things over e. Get together f. Less fighting g. Get along with each other h. More communication			

The results indicate that members of the target group have positive outlooks on life, enjoy a variety of activities on their own, and have the need for greater control over their own feelings and relationships. Half the group is responsible for a pet and many had ideas as to how the family system could be changed. These teenagers live well within a "normal" range of activities.

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Table 3

Questionnaire B Responses

No.	Question	Others	Alone	Not At All	NA
7	Did you use drugs . . .	16	0	2	2
8	Were the people your age?	Yes=13	Older=3	2	2
11	Are you willing to stop?	Yes=14	No=4	0	2
12	Does your family know?	Yes=12	No=6	0	2
18	Did peers influence?	Yes=11	No=5	Maybe=2	2
19	Have you taken drugs recently?	Yes=7	No=9	0	4
20	Would you . . .	Yes=11	No=3	Other=4	2

The peer interview established a clear majority using drugs under peer influence; however, the same majority were willing to stop or do something other than take drugs in order to solve the problems in their lives. Question 14, "Did drugs affect your relationships with others?," was answered no by 13, yes by three. This may be the operation of denial among target group members during early stages of the interview/counseling process. A large group of teen substance users indicated "low interest" in the Pre-Interest Inventory, but a high participation rate (No. 7) indicates a low level of awareness of just how substances are affecting their daily lives. If the teens were more aware of their substance use, then the interest level and participation levels would correlate.

The next questionnaire in the series, Questionnaire C, posed three important questions:

Table 4

Questionnaire C Responses

No.	Question	Yes	No	NA
1	Taking drugs will eventually . . .	7	6	7
2	If your best friend . . .	10	5	5
6	Does using drugs affect . . .	5	8	7

Question two indicates a strong bond between substance users and their best friends. This relates to the random survey taken at the conclusion of this practicum in which over 100 teenagers were asked to specify drug issues. Many chose peer pressure as a main issue relative to substance use, although this may be a result of denial for individual responsibility. Only seven teens were prepared to take responsibility for the eventual cost financially and in relationships of substance use. Only five out of 20 were willing to acknowledge that using drugs affects family relationships; however, the possibility may be that the families of the other eight teens are substance users, in which case there would be no conflict of interest. From five to seven of the target group were not available for interviews during this week of the practicum due to testing at the high school. Absenteeism proved to be a major obstacle to overcome during the project on a weekly basis.

The next step in the interview series provided two key questions which determined the frequency of substance use, specifically alcohol. Questionnaire D asked:

Table 5

Questionnaire D Responses

No.	Question		
3	How often did you use alcohol?		
	No. of Teens	Frequency	Amount
	10	Weekly, Biweekly	Varied
	2	Weekly	1/2 - 3 Glasses
	2	Weekly	6 Pack
	3	Biweekly	1/2 - 3 Glasses
	1	Quarterly	1 Glass
	1	Semi-Annually	1 Glass
	1	Annually	1 Glass
5	Did these substances help you?		
	Yes	No	NA
	4	13	3

Once the substance users indicated levels of interest, determined whether or not each had a family relationship perspective, were able to deal with limit definition of substance use, then each user recorded the frequency and use amount. This framework established, Questionnaire E presented specific exercises in clarifying the extent to which freedom was a substance user's life goal. Pertinent to this issue were questions 2, 4, 6, and 10:

Table 6

Questionnaire E Responses

2	Question	Yes	No	NA
2	Do I want to be free of drugs?	9	6	5
4	How much does freedom mean?	Much=13	Not Much=1	6
6	Are you willing to maint. freedom?	15	0	5
11	Are you willing to help peers be free?	13	2	5

Questionnaire E2 was dropped from the series because the teens found too difficult defining such ideas as "freedom," feelings about causes for substance use, and how to communicate with parents about substance use. Five users, however, indicated that drugs did have side effects and they were aware that some drug residues remained in the body.

Post-Assessment

The written "Pledge for Health" commitment by which a teen substance user indicated remaining substance-free was given anonymously due to administrative recommendation. The goal of 50 percent positive commitment was met: 11 teen users pledged "yes," the rest "no" after the issues clarification practicum. All 20 peer counselors administered their questionnaires successfully and demonstrated interviewing skills necessary for the project. In written essays completed at the end of the 10-week period, some interviewers determined a substance-free alternative and delineated

specifics related to the issues clarification process. Such insights written by 15 and 16 year olds provide some reassurance to the adult generation that quality care for others is maintained in the younger generation (Appendix M:114). Three interviewers decided the program was of little or no help because the interviewee either used an insignificant substance amount or was a veteran user who would not change to become drug free. A post-assessment was assigned to measure how the peer assistance program had influenced users' attitudes toward substances. The post-interest inventory results showed greater teen polarization:

Table 7

Post-Interest Inventory Results

Interest Level	Responses
0	6
1	5
2	0
3	1
4	2
5	5
5+	0
NA	1

Peer interviewers spent much time working collaboratively to solve interviewing questions with interviewees and actively listened to each other. Positive teacher reinforcement was given daily for contributions to the survey process. No project text nor class discussions were necessary since interview answers were private material. Written evaluative interviewer essays related to their own lives and stimulated critical thinking and self reflection (Appendix M:114).

CHAPTER V

Recommendations

The Peer Assistance Program can have a positive, continuing effect in school settings that need this program because the costs are very low, existing staff can participate in the administration of questionnaires and interview skills for peer interviewers, and teenagers are willing to help one another. When one teacher has success with this program, others will believe it can work. This program has been conducted for 10 weeks, but by extending the scope of the questions additional weeks could be scheduled to focus on one or more particular issues clarification ideas and teens could explore the implications during interviews. Time, at the secondary level, is at a premium because of the detailed curriculum which seems to multiply rather than be reorganized into more succinct form. Thus a preview of the questionnaires could be provided before teachers begin the program. At this time, teachers could choose the direction they need to pursue or the focus students need in order to satisfy existing substance use issues clarification needs at their individual facility.

Extending the scope of questions used for interviews may take one to two hours additional time, provided teachers involved with the program have a clear understanding of teenage substance user needs.

Extending the program additional weeks depends on the secondary school schedule and exam periods. Many schools are scheduled for quarterly grading periods or two semesters. If additional weeks are required for extended questionnaires, then shorter time periods per class could satisfy the course requirements for instruction as well as the Peer Assistance Program.

Resources to expand the application of a successful project might include guest speakers from drug rehabilitation centers who can speak to teenagers about the pitfalls of extended substance use or how treatment centers operate to bring about elimination of substance dependencies among teenagers. Community mental health centers and outpatient hospital clinics also provide speakers for the community schools. The United States government will mail free booklets to teachers who request class sets of "Drug-Free Schools" which outline specific steps parents can take to deal with substance use by their children and how to form groups for parental support in the community.

A second resource is a wide variety of VCR, film, and cassette tape media material available through local school boards or state departments of education for classroom use. Teenagers may have viewed some of these materials in their school health classes; however, much new material is available. Moreover, teens could, time permitting, produce their own VCR taped shows dealing with

issues clarification and the materials disseminated for school use. The local highway patrol may have a slide-tape program on the results of drinking and driving to add to visual resources.

Third, counselors in the guidance departments of middle and high schools could be invited to hold special training sessions to instruct teen interviewers as to how active listening, communication, sensitivity, and empathetic exchanges can be made during the interview process. Guidance personnel are helpful to the process of counseling training for teachers and students provided they have been given Peer Assistance Program guidelines. Local drug rehabilitation programs associated with the school board may offer special assistants to enhance this portion of the program.

Fourth, inservice program coordinators may provide after-school hours training to educate and train assistant administrators, teachers, and counselors in the skills necessary to carry out Peer Assistant Programs. Teenagers are naturally endowed with most interview skills and need specialty training in maintaining levels of confidentiality and explanation for the meaning of a few of the interview questions. This varies, of course, individually and can be handled by the inservice coordinator or the classroom instructor. Additional specific recommendations apply to parent groups associated with the school setting. One, teens should be assisted for substance use issues clarification as early as age 10 to 12

which means parents could form spontaneous support groups at the middle school level and request teachers utilize the Peer Assistance Program. Two, parents of young teens can provide substance-free parties and informal activities for teens to enjoy as an alternative to substance use. Living arrangements for teens whose parents are out of town on the weekends need to include adult supervision. Many teens use a house without parents as a location for substance use parties. Teenage free time should be scheduled before and after school since substance sharing occurs on the way to school, just off school properties before the first class bell, or at neighborhood corners out of sight of adults. Teens need to be encouraged by parents to pursue hobbies and low or no-cost activities that engage teenage interest. Parent groups can also be effective in establishing neighborhood guidelines so that local teens mature in an environment of caring adults.

A health care professional who serves as a school nurse or health care services instructor could be asked to assist with information and health care assistance for specific students whose substance use requires it. Health care professionals could also provide talks or printed materials to small groups of students, interviewers, interviewees, or teachers. Such small group seminars may serve to educate students in alternative ways to relax or "feel good" about themselves. The health care workers and a

school guidance person could team together to refer individual students to special rehabilitation programs provided by school boards or in association with a referral service. Student substance user referrals, in conjunction with the Peer Assistance Program, would benefit the substance user, the school, and the community as an early detection means since some parents are unaware of their teenager's away-from-home activities.

"Project Pride" in Dade County, Florida, is one example of a peer assisted program that recognizes the adults are not consulted early in a teenager's problem (Gullotta and Adams, 1987). This program includes a nine-week training plan designed to enhance communication, active listening, sensitivity, honesty, empathy, and confrontation.

Early prevention messages directed to teens are supported by authors such as Peter E. Nathan, because most teens from 12 to 17 use alcohol and teens are related to drinking and driving deaths or accidents (Nathan, 1987). Such prevention messages, education, group sessions, and drug information may be helpful but may not change teen attitudes, whereas working with a group of peer interviewers who are aware of peers using substances can change some of those user attitudes. The Oregon Research Institute provides article reprints describing a project (Severson, 1987) in which eighth grade students reduced drug use willingness through assertive training and a three-year follow-up revealed not only higher

assertiveness levels but also lower marijuana and alcohol use than control subjects. A similar peer leader program, "Keep It Clean," is described as a smoking and substance abuse program for middle school students who are taught how to refuse substances and change substance use beliefs by peer leaders (Perry and Jessor, 1987). The peer leaders were chosen for their positive outlooks, respectability, and willingness to show others that substance users are a minority. The CASPAR Program (Gullotta and Adams, 1987) maintains that the first step in diminishing teen substance use is open communication. The teacher involved in such a project must behave in a non-judgmental manner and trust the class to arrive at its own decision for non-substance choices. A third project, "Project Pride," is a peer program for selected teens who undergo an intensive nine-week training period in order to enhance empathy, active listening skills, communication, honesty, sensitivity, and confrontation skills. Such mental health skills are utilized among peers because the fact that adults are "most often the last to be consulted by a young person having personal difficulty" (Gullotta and Adams, 1987).

Many positive comments were noted by the Peer Assistance Program interviewers:

> Most adults drink to forget the bad things in their lives. If they had learned how to solve their problems when they were younger, they would not need to turn to alcohol.(K.C.)

The goal of this project . . . is to make teenagers think about what they are doing with their lives before they do it. (T.D.)

The daily pressures of a teenager's life are many times greater than past generations because of the drug epidemic. (J.S.)

I . . . have strengthened my stand against alcohol for myself, my body, and my family. (T.D.)

I think the drug program was very effective. . . . I think drinking and taking drugs is not going to make you have more fun. (H.F.)

Teenagers are the best source of help for other troubled teens. . . . Other teens without drug problems can better understand those with problems than adults can. Teens tend to listen to their friends and defy their parents. (T.K.)

Friends and other teenagers have much influence on kids with substance use problems. Teenagers usually do what their friends do, not what they want to do. (J.S.)

The Peer Assistance Program has proven to be successful. (R.K.)

Children seem to trust, believe, and talk to other children more than adults. I am certainly glad to have been able to help someone my own age and maybe change her life. (R.K.)

There are so many pressures in a young teenager's life. Many times they look for a way of hiding from their problems and often this escape is the use of alcohol. (G.L.)

I think the Peer Assistance Program is an innovative idea. I learned a lot by participating in it. It is similar to peer counseling, but concentrates on substance abuse by teenagers. The program has teenagers reaching out to other teenagers to help with their substance problem. It is very important for teenagers with substance abuse problems to have someone their own age to talk to, someone they can relate to. PAP is great. (J.M.)

One teen interviewee commented, "It (the Peer Assistance Program) made you realize that you don't have to follow the crowd, because there are other teenagers who do not use drugs." (S.S.)

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APPENDICES

APPENDIX A

SURVEY ONE

APPENDIX A

Survey One

YES	NO		
___	___	1.	Has there been a TV program on teenagers and drugs this month?
___	___	2.	Are there students who smoke cigarettes at this school?
___	___	3.	If you could leave class, excused, to take a survey like this one, would you?
___	___	4.	Do you feel teenagers should smoke?
___	___	5.	Are you aware of the effects of drugs on the body?
___	___	6.	If there was a student program available that deals with drug use, would you like to see how it works?
___	___	7.	Was alcohol used at the last party you attended?
___	___	8.	Do you feel teenagers should use alcohol?
___	___	9.	Is there someone who is younger than 12 you have seen using alcohol?
___	___	10.	Are there TV programs that offer an 800 telephone number to call for help with substance use problems?

APPENDIX B

INTEREST INVENTORY

APPENDIX B

Interest Inventory

Please mark on the scale (#1 is low in the scale; #5 is high)

#1	#2	#3	#4	#5
Low				High

Where on the scale would a mark be placed to show how teens are interested in using a substance (cigarette, alcohol, or other) at this time?

APPENDIX C

STUDENT GUIDE

APPENDIX C

Student Guide

1. Step One. Find a friend or acquaintance who needs help with a substance use problem.

2. Explain that you are available to listen to questions and answers that may help the individual clarify some issues relating to substance use.

3. Let your friend know that the answers to the questions are strictly private and will be kept private.

4. Give the friend Self-Study Guide B while you answer Questionnaire A.

5. Place the questions and answers in the folder.

6. Bring the material in the folder to your counselor.

   Practice answering the questionnaires in order to have experience with the questions you will have your friend or acquaintance answer.

7. Discuss any question you may need clarified with your counselor.

8. Give the friend Questionnaire C, Questionnaire D, Questionnaire E, and Questionnaire F on separate days. Hand in the answers and questions. Do not discuss these questions and answers with anyone. By keeping these results private, you help protect the integrity of the project and the participants.

9. Write your evaluation to Questionnaire C in which you decide, based on your careful consideration of the answers, how the friend can proceed to find a positive way out of substance use.

10. Do a survey of your own in which you search in the school and community (teachers, counselors, assistant principals, peer counselors, ministers, rabbis, priests, social agencies, and related groups) people who may be available for free help for a substance use problem. Describe briefly how the people can help and where to find them.

APPENDIX D

QUESTIONNAIRE A

APPENDIX D

Questionnaire A

1. My friend has a problem with _____ (name of substance).

2. The substance has been used for _____ (length of time).

3. This individual is related to me. (True/False) Circle one.

4. If this individual is not related, he/she is a friend. (True/False) Circle one.

5. If this individual is not a friend, he/she goes to a school. (True/False) Circle one.

6. This individual is a neighbor. (True/False) Circle one.

7. The substance problem this individual has is resulting in he/she not being able to _____ very well. (Type of activity.)

8. Another substance-related problem this individual has is _____.

9. This person spends about $_____ for substances.
   week's cost
   (Leave blank if unknown.)

10. This person gets out of control when on substances. (True/False) Circle one.

11. The substance this person uses appears to _____
    _____.
    (Describe how the substance appears to affect the individual.)

12. I would like to see this substance problem solved for this person. _____Yes _____No (Check one)

13. If "Yes," I am willing to help this friend in a gentle way to get off the substance use. (True/False) Circle one.

14. If "No," I am willing to find out how to get my friend the help needed to get off the substance use. (True/False) Circle one.

15. The place where the substance use happens the most is _____. (Location)

16. My feelings about this friend using substances are:

_____

_____

_____

_____

APPENDIX E

SELF-STUDY GUIDE B

APPENDIX E

Self-Study Guide B

1. What do you like the most about yourself?
2. Name three more qualities that you like about yourself.
3. Do you have a secret dream?
4. When you give out a positive feeling to someone you know well and that person responds negatively, how do you feel?
5. What do you do then? (Refer to question 4)
6. Would you like to be more in control of your own feelings?
7. Would you like to have more positive relationships with others?
8. At what point do you decide to gain control of your feelings?
9. List two recent events that were positive exchanges or interactions with other people.
10. If you could strengthen a family relationship within your family, who would you work with?
11. What are two main ideas you have about growing into an adult? Describe how you plan to work on these ideas to include them in your daily life.
12. Do you enjoy being in charge of yourself?
13. What three activities do you enjoy doing by yourself?
14. Do you have a pet? How do you care for the pet?
15. When you are feeling low, who do you usually turn to?
16. If your family members cannot be changed, but the family system could, how would you like to see a change brought about?
17. Do you enjoy working as a team? In what activity?
18. If you could be completely free and out in the world, how would you support yourself?

19. If staying in school until you are ready for a job or job training is important to you, how would you explain this importance to a student who is ready to drop out of school?

20. What does it mean to you to have confidence in yourself?

Student Interview

1. Think about a teenager you may be acquainted with who uses cigarettes, alcohol, or other substances.

2. Write four or five original questions to ask this friend concerning the use of the substances.

3. Ask your teacher/counselor to approve your questions.

4. Write a brief explanation for the purpose of each question you have. Your explanation should answer the question "What substance issues does this question clarify?"

APPENDIX F

Questionnaire C

1. Taking substances will eventually cost the user more in money and relationship break-ups than the user is aware of while taking the substance. Are you ready to face this?
2. If your best friend were not using substances, would you be more inclined to stop using substances also?
3. A healthy nutrition and exercise plan can bring out positive feelings about yourself and others. What can you do to move in this direction? (Give two steps that can be taken now.)
4. Writing is an outlet for feelings that sometimes slow down your thinking abilities. Have you ever written about your fears?
5. Once you approach your fear with a constructive way of dealing with it, fear does not have the power thinking has given it. Looking at a fear on paper reduces the fear to just what it is: an idea. What are two fears you may have?
6. Does using substances affect your relationships within the family?
7. If you are aware that the only moment you have is right now, are you feeling all right?
8. A fear is only a negative thought in the mind. You put that negative thought out of your mind to think about _____ _____.

9. Exercising control over your thought process helps give you a direction. Your inner well-being guides you. Think how others will perceive you when you practice this. Describe how they will see you.
10. Look around you at the trees, flowers, and birds. These are being cared for constantly. List five ways you are being cared for.

APPENDIX G

QUESTIONNAIRE D

APPENDIX G

Questionnaire D

Ask your friend these questions and write the answers.

1. Why do you think you started using alcohol/cigarettes?
2. How much of the substance did you use each time?
3. How often do you use the substances?
4. Where do you use them?
5. Did these substances help you in any way? How?
6. What kinds of feelings do you have when you use the substance?
7. Did you use substances more by yourself or with other people?
8. Were the other people your age?
9. How have drugs affected your life?
10. Do your relationships with other girls/boys change when you use substances with them?
11. Are you willing to stop using substances, to just say "No"?

Ask your friend to write the answers to the following questions.

12. Does your family know you use substances? If so, how do they feel?
13. What is your family's attitude now?
14. How did drugs affect your relationships with others?
15. What kind of person are you and how do you see yourself?
16. Did you have trouble expressing feelings to someone in your family?

17. Did you feel that you were more a success or a failure when you were using drugs?
18. Do you think that the fact that your friends and acquaintances and other people around you who were your own age, using substances, had any influence on your starting or continuing to use substances?
19. Have you taken substances recently?
20. Would you like to do something other than take substances in order to solve the problems in your life?

APPENDIX H

QUESTIONNAIRE E-1

APPENDIX H

Questionnaire E-1

1. Take a good look at yourself: How do you dress? Look? Feel? Act?
2. Decide: Do I want to free myself from drugs?
3. If "Yes," continue with the plan. If "No," see your counselor.
4. How much does freedom mean to you?
5. What are you willing to do to establish freedom in your life?
6. Are you willing to maintain freedom in your life?
7. Are you willing to try again if you "backslide" and lose freedom?
8. How much are you willing to try again?
9. Do you enjoy rewards?
10. Are you willing to learn a reward system?
11. Are you willing to help someone your age gain their freedom, too?
12. Write a paragraph to describe number one of these questions.

APPENDIX I

Questionnaire E-2

1. Define "Freedom."
2. What does freedom in an unpolluted body mean in terms of activity? Relationships with others? Success in learning achievement?
3. If you could "clear the slate" in your life, where would you begin?
4. Let's begin with the self. When our attitude changes toward others, their attitude changes toward us. Why is this true?
5. When I discover that life is a giving, not a getting, life begins to become more abundant. Give an example of this that has recently happened in your life.
6. If I do not have material things to give, I can give cooperation, a smile, a compliment, a sign of interest in what the other person is doing, or (fill in blanks).

   A. _____

   or B. _____

   or C. _____

   or D. _____
7. True or False: All drugs have side effects. Why?
8. A substance user never knows how much drug residue remains in the body. What problem does this cause for the next use of substances?

9. Substance users are risk takers who gamble with their well-being. This statement suggests life is not worth much. How do you feel?

10. Substances cause memory loss. When you cannot remember what happens in moments during your experience under "Alien management," your lack of action may be the source of another person's loss. This may be a time for additional stress in a family that is already upset about the substance use. What would you say to a mother or a father who is concerned about their son or daughter's substance use? What would you say to the brother or sister of a drug user who sees what is happening to the substance user? Write a brief letter to the brother or sister as if he or she were your own. Explain what they can do to help the substance user become free.

APPENDIX J

POST-INTEREST SURVEY

APPENDIX J

Post-Interest Survey

Please mark on the scale (#1 is low in the scale; #5 is high)

/ #1 /	#2 /	#3 /	#4 /	#5 /
Low				High

Where on the scale would a mark be placed to show how interested in continuing to use a substance (cigarette, alcohol, and others) you are at this time?

APPENDIX K

PLEDGE FOR HEALTH

APPENDIX K

Pledge For Health

Date_____

I, _____, promise that I will not use substances or any form of substances in the present and in the future in order to maintain a perfect, substance-free body and a sound mind. This promise is made to myself, my parents, my classmates, and my country.

Signed,

_____

APPENDIX L

OVERVIEW GUIDE FOR PARTICIPANTS

APPENDIX L

Peer Assistance Program for Drug Abusing Students

Overview Guide for Participants

1. All material is strictly private and will be evaluated by the participants and the teacher or counselor only.
2. All materials, questionnaires, answers, and discussions are private.
3. No materials will be copied or distributed to anyone outside the project.
4. Materials will be written and handed in on the assigned day, unless the participant is absent. In this case, the participant will write and hand in the materials the next school day.
5. Discussions with the teacher or counselor will be held in the interest of helping the substance user find appropriate help for the problem. In no case is the participant to consider himself or herself as a qualified social worker experienced to deal with a crisis situation.
6. In no case will the participant give advice or make suggestions to solve the substance user's problem. This is the social agency's responsibility whose personnel are trained to deal with a variety of family, individual, and group substance use problems.
7. The purpose of the "Peer Assistance Program" is to clarify issues related to the use of substances so the individual who

seeks help can gain a clearer understanding of substance use effects.

8. The writing assignment purpose in this project is to make clear to the participants issues related to substance problems.
9. No materials or information will be given to anyone for newspapers or any other media.
10. The project is designed to complete a research question for a university.

APPENDIX M

WRITTEN ESSAYS

APPENDIX M

WRITTEN ESSAYS

Interviewer G.L.

The epidemic drug problem of today, starts at a very young age when basic values and choices are made. There are so many pressures in a young teenager's life. Many times they look for a way of hiding from their problems, and often this escape is the use of alcohol.

Number 14 is a classic example of a teen who has many pressures. Many times in her answers, she would talk about the pressures of the pursuit of academic excellence and a good education. For some people these pressures are enough to let them look for "an escape." In number 14's case, she wanted to be accepted, which was her escape. Unfortunately, being accepted by her peers resulted in the use of alcohol.

In cases like number 14's, it is extremely important to have good friends. Good friends accept you for what you are, and give support. People who want a person to drink to be "cool," are not good friends. I have several good friends and I feel fortunate that these friends give me support to be a drug and alcohol-free person.

In number 14's case, her acquaintances want her to drink. I feel that friends who could give number 14 support, rather than the unneeded pressure to do something illegal, would be better for her.

If she would take a stand with her friends and just say, "No," number 14 would probably feel good about herself and be reassured about her values. Her friends should not react strangely, just respect this wish and see this decision as number 14's independent opinion. If her friends did care, she needs to find new friends because these people are not number 14's friends.

Number 14 is just one case which is occurring thousands of times all over the country. What this country needs to make this situation better is more love, understanding, and self love. With these improvements, this country would be in much better shape.

Interviewer A.S.

A growing problem in this country is the increasing rate of drug addicts. Unfortunately, the greatest number of addicts are the future of our country, teenagers. These drug dependent teens need to be treated as soon as possible before this epidemic gets out of hand, if it hasn't already. One of the best methods of doing this is peer counseling. Teenagers relate very well in a one-to-one situation with someone of their own age. This is mainly because the teen can understand the different types of pressure put on him or her by school, parents, and peers easier than an adult would. These teens would feel more comfortable opening up to a peer as if they were just discussing a problem with a friend, rather than feeling as if they were confessing a crime they had committed to an adult.

However, this should not give them a false sense of security. They need to realize the seriousness of their actions. Dealing with someone they can trust is only the beginning. They then have to take action, and a friend in this time of need could be just the thing to give them that extra incentive to seek professional help. Teens helping teens could be the answer for many problems faced by today's adolescents.

Interviewer J.B.

A substance abuse addiction is a very big problem that many teenagers are facing today. Personally I would never do drugs or get addicted to drinking or smoking. I feel that there is no logic in it. It isn't worth it to mess up body organs for a good feeling once in awhile. Which is why, when we started our substance abuse program with fellow students, it interested me to sit down and really find out what it is like to be addicted to a drug. At first I thought I would be shy to confront the person I was interviewing, but as our conversation went on, I became more comfortable with the situation I was involved in. From having talked to this person, I realized that addicts do not have to be bad people or low life's who have nothing going for them. I discovered the interviewee was rather a nice boy, who although had problems, really enjoyed life and spending time with loved ones. Before I became familiar with drugs and drug abuse, it seemed to me that anyone who did drugs was

supposedly a "bad" person that I did not want to socialize with since he/she was doing something bad. And now I've realized that this old theory of mine is wrong. The person I interviewed had a drinking addiction. He felt that anytime he wanted to have a good time he had to drink which, as we all know, is not necessarily true. But I definitely found out one of the main reasons for his drinking problem: peer pressure. Yes, definitely this. He told me that many of his friends are of the ages around 20 or 21 years old. And since 21 is the legal drinking age, his friends usually had access regularly to alcohol. It was most likely that his friends introduced him to drinking. And now he feels that that is a good way to have fun with your friends. Well, I definitely think that this is wrong. But I think that he, for as much as he can be, is pretty much in control of his drinking ways. He seems like a nice boy that makes wise decisions. I think, though, that his drinking abuse is definitely a big flaw of his. I personally would not let myself get this way because I know better and would not want to get sick or die over a stupid cause.

Interviewer K.C.

There are a lot of kids out there with drug problems. These kids are the ones that will turn into troubled adults. Some of them are potential alcoholics, some of them drug dealers, and some of them smokers. In this essay I'm going to concentrate on alcoholism.

My three areas of analysis are histories of drinking, reverse psychology, and troubled kids to troubled adults.

When a child is in a family that has a history of drinking, that child has a much better chance of becoming an alcoholic. One reason is that when a child sees his/her parents solving their problems by drinking, that child may learn that alcohol is the only way to resolve problems. As the child grows older, he/she might try getting drunk when a problem arises. Another reason is that if the child has seen his/her parents drinking, the child may see nothing wrong with it.

My second area of analysis is reverse psychology. When parents scream and yell at their teenager to do or not do something (such as drinking), the teenager often will purposely do the opposite. If parents don't get mad and scream at their kids, the teenagers will be a lot more receptive. Instead, parents should be positive and handle the problems with love, not anger. Also, when parents are raising their children, they should treat potential problem-makers like alcohol as normal, like they're not a big deal. If the growing children don't think of alcohol as a "forbidden fruit," they won't be as likely to experiment with it. Instead, they will think of alcohol as something adults have a glass of at weddings. Then, as they mature and find out just how dangerous it is, they won't have any desire to play with it (it's not a big deal, so they don't

care; then they learn it's bad for them, so why should they try something they don't care about that can hurt them?).

My last area of analysis is that troubled kids turn into troubled adults. Just being told not to drink isn't enough. Kids need to learn about other ways of solving their problems. Most adults drink to forget the bad things in their lives. If they had learned how to solve their problems when they were younger, they wouldn't need to turn to alcohol. Kids need to be educated not only about the dangers of alcohol, but also about alternate ways to solve problems. They also need to be educated about the early warning signs of an alcoholic. If teenagers could be helped soon enough, they wouldn't grow into troubled adults.

We need to make a supreme effort to solve all of the above problems. Only with everyone working together can the problems of alcoholism be solved. These are only my opinions, but they're still worth considering.

Interviewer A.E.

The interview with my interviewee was very interesting. She gave her personal thoughts on using alcohol and other people using alcohol.

She explains that the reason for her trying alcohol as peer pressure. In reality, it was not peer pressure but her own decision. After the first encounter with alcohol, she continued to

accept it at parties with other people. It came to a point where she was drinking about two or three times a month at four wine coolers each time. The people around her were her own age and the drug made her feel full of energy. Though accepting alcohol at parties did not affect the relationship with other boys and girls, it did affect her physically by causing her to gain weight.

The interviewee's parents are aware that she drinks, but do not object. They don't encourage the use of alcohol, but understand that it is her decision. This is true among many parents seeing the way my friends' parents act.

The junior also explains that she has not had alcohol in about three months and is willing to say at this moment to have a drug-free body.

Using the knowledge of my friends and knowing what they do at parties, at least 90 percent of all high school students have tried alcohol but only about 40 percent use it regularly at parties. Many more students are aware of the dangers and the number of high school students accepting alcohol is decreasing.

Interviewer H.F.

I think the drug program was very effective. It gave kids a chance to express their views on drugs. I learned that a lot of the people took drugs or drank alcohol because they felt they had more fun if they did. They believed it relaxed them and allowed them to

loosen up. I believed it was wrong. I think drinking and taking drugs is not going to make you have more fun. One thing I hope people remember is not to drive if you're drunk. I think if the kids have to drink as long as they have a safe way home it will cause less accidents. I hope that, in the future. the kids are less dependent on drugs and alcohol to have a good time.

Interviewer T.K.

Teenagers are the best source of help for other troubled teens. Teenagers who take drugs are lectured time and time again by adults. This is basically ineffective. Teenagers should be able to discuss their problems with each other and help each other to resolve their problems.

Counseling groups with drug problem teenagers who are able to let their emotions out would be effective. The things that they say in these groups should be held confidentially and not released to anyone else. Other teens without drug problems can better understand those with problems than adults can. Teens tend to listen to their friends and defy their parents. If their friends tell them to stop they may listen although if their parents say the same, they may rebel and not stop.

All in all, I think with the use of peer counseling groups, the problems of teenager drug abuse will be closer to being solved. If not stopped, then maybe curtailed a bit.

Interviewer R.K.

The person who I interviewed did not have an apparent drug or alcohol problem. Her participation in this survey was based on her original admittance of trying alcohol once, and rarely trying it with her parents. The purpose of the peer assistance program is to help look at the issues of people with drug and alcohol problems. The interviewee and I got to talking and discussed the outcome and problems with drinking and alcohol abuse. She signed the pledge and promised to not use any form of drugs. I believe that the communication we had sharing and relating the dangers of drug and alcohol abuse led to her commitment.

The peer assistance program has proved to be, even in this minor case, successful. The program on a level of serious drug and alcohol abusers may be just as successful. Children seem to trust, believe, and talk to other children more than adults. I am certainly glad to have been able to help someone my own age and maybe change her life.

Interviewer J.M.

I think the Peer Assistance Program is an innovative idea. I learned a lot by participating in it. It is similar to peer counseling but concentrates on substance abuse by teenagers. The program has teenagers reaching out to other teenagers to help with their substance problem. It is very important for teenagers with substance abuse problems to have someone their own age to talk to, someone they can relate to. PAB is great.

Interviewer J.S.

The daily pressures of a teenager's life are many times greater than past generations because of the drug epidemic.

Today kids are faced with much alcohol, drugs, and are peer pressured into trying them. Alcohol is the number one killer for teens today. A teenager's life should not be wasted away because of the use of drugs. Something must be done to put an end to this problem.

While interviewing number five, I learned much about drugs and why teenagers use them. The person I interviewed is not serious about drugs and does not use them often. He said that if he was at a party and if there was alcohol there, he wold have a limited amount but not enough for him to get out of hand. A direct quote from him was "I drink not to impress people, just so sometimes I can feel relaxed."

Just one drink is harmful; it can get you started and you'll never stop. There are many programs being offered for people with drug use problems. They help and may sometimes save someone's life.

Friends and other teenagers have much influence on kids with substance use problems. Teenagers usually do what their friends do, not what they want to do. Today's society has changed and it is affecting everyone for good and for bad.

APPENDIX N

PEER-ASSISTANCE PROGRAM AUTHORIZATION LETTER

APPENDIX N

PEER-ASSISTANCE PROGRAM AUTHORIZATION LETTER

Dear Parent:

I would like to conduct a survey, as part of a project at Nova University, which is optional and will not be graded, nor will it take the place of any work related to our class regularly scheduled. The survey deals with students helping students in an interview situation so that the students understand better the issues associated with substance abuse, a subject of concern to all of us.

May your son/daughter have permission to participate?

Yes_____ No_____

The interview and survey are not signed and remain anonymous.

Thank you kindly,

Ms. L. Stanbrook

APPENDIX O

SURVEY QUESTION RESULTS

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SURVEY QUESTION RESULTS

Survey Question:

"Please list, to the best of your ability, any issues that relate to substance abuse."

Total: 129 Surveys (Grades 9-12)

No. of Teens Listed	Item
	Substance Use Reasons:
49	Peer Pressure
37	Family Problems (Parental pressure, parents drink or use substances)
33	Personal Problems (Teenagers)
20	Personal Stress (Teenagers)
19	Death
	Social Problems Among Teenagers
14	Poor Life Attitudes
11	Politics
9	Drunk Driving
7	Girl/Boyfriend Breakups
7	Gang Violence
6	Job Problems
5	Suicide

4	Murder
4	Theft
4	Guns
2	Hookers
2	Kidnapping
2	Home Breakups
1	Rape
1	Robbery
1	Poor Housing
1	Child Neglect
	Reasons For Taking Substances
11	Child Abuse
6	Escape
4	One time will not hurt you.
2	Lack of Self-Confidence
2	Loneliness
1	Age
1	Divorce
	Types of Known Substances
35	Alcohol
28	Cocaine (Crack, Powder)
17	Marijuana
10	Acid

8	Steroids
7	LSD
5	Heroin
5	Ecstacy
4	Ice
3	Glue
3	Amphetamines
3	Hallucinogens
3	Barbiturates
2	PCP
1	Morphine
1	Cigarettes
	Substance Use Relates To
6	Television
5	Available at drug stores, schools
4	Friends
3	Sports Heroes
3	Crime
3	Sex Problems
2	Music
2	Treatment
2	Parental mistreatment of teens
1	Columbia, South America
1	Miami, Florida

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1	Runaways
1	Poverty
1	No friends, family
1	Available on the street
1	Money to spend
1	Stupidity
	Taking Drugs Results In
8	Addiction
8	Disease
7	Feeling Good
3	Cocaine Babies
3	AIDS
1	Using People
1	Child Deformities
1	Alcoholics Anonymous
1	Helping You
1	Drug Wars
	Drug Use (Other)
7	"Just Say 'No!'"
4	No Response
2	Drugs are bad
1	OTC

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Thank you kindly,

Ms. L. Stanbrook

ATTACHMENTS

DESCRIPTIONS OF APPENDICES A-J

Appendix A

Survey One

Survey one is given to teenagers to determine whether or not there are substance or non-substance using teenagers available for this study. It may be given individually by a non-substance user to an acquaintance who may be a candidate for the project. This survey has 10 questions which cover many areas related to substance use. Question one explores one level of media awareness the teen may have. The media influence on teens and substance use is powerful (Meehan and Meyer, 1984) and a question such as this, related to number 10, is there an 800 number to call for help with a substance use problem, measures whether or not the teen is participating with available knowledge related to drug use on television. Questions two and seven explore the use of common, socially used substances, alcohol and cigarettes. The teen may be associated through friends with such substance use.

Questions three and six deal with the possibility of a teenager attending a peer interview.

The two questions that apply to substance effects awareness and whether or not younger people are involved in substance use are five and nine. Question nine confirms, when answered with the affirmative, that substances are available and are used by teens before entering high school, thus supporting the idea that teens who are early age users of substances are less likely to change their

attitudes once a habitual substance use pattern has been established; especially in the case of a 10 to 12 year old using cigarettes or alcohol, since by the age 14 to 15 a firm habit of substance use is socially conducted with ease and rarely broken. Ten to 12 year olds who continue to use substances at the high school level are less likely to be interested in any student program available to deal with substance use.

Appendix B

Interest Inventory

Once the survey has been given and the completed form returned to the teachers or counselors, a pre-interest inventory is administered to ascertain the level of interest the teenager substance user has before the questionnaires are answered which have the goal of clarifying substance use issues. If the teen responds with a 4.5 on the interest scale, then the indication is that the teen is very much involved with substance use and vice versa for a mark of 1.5. A post-interest inventory is given to demonstrate a change of attitude level which may result from substance use issues clarification. The underlying research motivation here is to focus on attitudinal rather than educational change from the project's inception to its completion.

Appendix C

Student Guide

Teenagers will find specific directions, steps one to 10, for dealing with the procedures for questionnaires and surveys. Since each substance free teen is working with a substance using teen, the peer relationship will facilitate openness and encourage a sharing of substance use information which may not be available readily to an adult, counselor, or teacher. When teens help each other there is a greater degree of receptivity. When students at the high school junior level were asked if they would speak to a teacher or counselor about substance use problems, the teen response was negative and the reason was that school personnel are with the student every day and teenagers could not face up to sitting in a classroom knowing that the teacher was aware of the teen's situation. Another response was that teens felt the teacher or counselor might tell the parents or guardians, although this was secondary on the teen's priority list for reasons why not to work with a teacher on substance use issues.

Self-Study Guide B is given to the teen substance user by the non-substance using teen, hereafter named the interviewer. While the interviewer waits for Self-Study Guide B, the interviewer completes Questionnaire A. Questionnaire A (Appendix D) provides typical background information to profile the substance user as a guide for the choice of questions the interviewer will make later in the project so as to meet the needs of the substance user. Answers to

Self-Study Guide B begin the substance user with positive aspects of self, specifically likeable qualities of the individual, a secret dream, how the substance user feels when there is a negative response to the user when acting positively, and feelings control issues. Such initial questions lend themselves toward establishing a positive rapport with the interviewer and substance user and place the user on firm ground before attempting to approach more sensitive issues such as substance use and family relationships. Appendix D will expand this section.

The questionnaires and answers are placed in a folder, kept strictly private, and returned to the teacher/counselor the next day. The interviewer discusses any question that needs clarifying with the teacher/counselor. Questionnaires C through F are then given on separate days in alphabetical order, the questions and answers handed in to the teacher/counselor, and results kept private in order to protect the integrity of the project and the participants. Appendices explaining the uses of each questionnaire follow this Student Guide explanation. The interviewer, based on careful consideration of answers to Questionnaire C, decides what alternative the peer has to substance use and, in guideline number 10, conducts a survey to search out resource persons available for recommendations as to what alternative activities are available instead of substance use. Teenagers are often simply unaware of opportunities for vocational choices, sports, programs to help teens associated with

substance using relatives such as Alateen, hobbies, neighborhood recycling projects, local and national environmental projects, youth groups for various age groups, and job training through government programs in the summer. Other alternatives include substance rehabilitation services which may be utilized through referral by professional counselors available at the school facility.

Appendix D

Questionnaire A

The intent of Questionnaire A is to present a profile of the substance user and to determine the degree of substance involvement so as to aid the interviewer in providing viable alternatives for substance use. If the teacher/counselor feels the questions dealing with the teen's age, present interests, or other general subjects are appropriate, these questions may be used.

Questions one, two, seven through 11, and 15 specifically deal with the teen's substance use. Relationship issues are included in number three through six, and are only concerned with who the user is directly associated. Questions 12 through 14 explore how the interviewer feels about being a help to the substance user. The last question directly addresses the interviewer's immediate feelings about the friend's substance use.

The overall purpose of Questionnaire A is to try to establish a profile of the substance being used, to what extent is the use, and

the feelings involved of the peer relationship. This completed questionnaire could help the teacher/counselor to determine the degree of involvement a peer interviewer may wish to sustain during the interviews. It is important to make clear to interviewers that it is the purpose of this project to help clarify substance use issues, not to persuade the user to change or drop the substance habit. Attempting to change a substance user's attitude would most likely result in resistance, especially among teenagers who are more likely to object to the slightest pressure in the direction of choosing a more healthy lifestyle.

Appendix E

Self-Study Guide B

The purpose for Self-Study Guide B is to begin the project with a positive inquiry into individual qualities which is basic to substance use issues clarification. Teenagers welcome empathetic opportunities for exploring their best qualities and are very sensitive individuals who have to deal with sometimes unmanageable feelings. Questions one, two, 11, 12, 13, and 20 guide the substance user toward a positive understanding of inner being. Other questions, four through 10, 15, 16, and 17, address relationships with individuals and family. Dealing with negative responses from others and discovering the ability to recover are two important relationship skills that may have a key role in assisting substance

users develop confidence in themselves. A teenager who has confidence can develop the ability to deal with a sometimes hostile home or school environment. Individual and family relationships are primary sources of problems for teen substance users and the source of solutions to these problems, ultimately, must be found within the teenager substance user since outside adult help can provide guidance and social welfare assistance only to the degree the user is willing to receive it.

Question three inspires the possibility that the teen substance user has a secret dream that may give new life to possibilities of exploration, invention, or a new application of education. Teens enjoy thinking about their future, a boyfriend, girlfriend, a marriage, family, or college education and having a dream can help the young person through the routine learning situations toward fulfillment. This question is related to question 18 dealing with the possibility of complete freedom and a means of supporting oneself. Added to the problem of a breakdown in family relationships is the notion that running away can release the teen substance user from support responsibility (Ritter, 1987). When the substance user confronts the issue of having to support meals and lodging costs based on an unknown lifestyle, the realities arise of not having skills or friends or a place to live.

In addition to exploring the idea that the teen has a responsibility for lifestyle support, there is the subject of

remaining in or leaving school. There is a great need for vocational and technical schools to educate those students who are not academically oriented. This lack of available training creates a national void into which the one out of every three to four students falls who becomes a school drop-out. The potential drop-out may see the issue of remaining in school more clearly if that teen has to explain why school training is important to another teen. Those learn best who teach others.

Appendix F

Questionnaire C

Teenager substance users are generally not aware of the consequences of substance use, nor are they aware of the possible motivation fear may have in initiating substance use. Presenting possible problem issues that await the user may help the teen develop necessary abilities to enable the teen to relate financial substance cost, loss of relationships, and the feeling others care about the teen to himself or herself. Questionnaire C delves into sensitive issues and may help the teen focus clearly on substance use results. Question one indicates taking substances will eventually cost the user more in money and loss of relationships than the user is aware of while involved with substances. A reality such as this is rarely discussed among substance users at parties, informal group gatherings, or street corner teen meetings. Teenagers are aware that

alcohol is the main cause of death among their driver-aged population, but few stop to consider the first use of a substance a first step in that direction. The use of substances among peers (Hochhauser, 1981), best friends above casual acquaintances, reveals a common source of substance initiation. Teenagers are sometimes led to substance use through the carelessness of a friendship, not realizing the implications of habitual or overuse of substances. Question two addresses this issue.

Alternatives to substance use are a healthy nutrition and exercise plan and the question of moving in that direction, number three, motivates the teen user to list two steps that can be taken now. Another issue is how to define fear and how to exercise control over fearful thoughts. The belief that substances have some effect in altering fear may lead teenagers into using substances. Questions four, five, seven, eight, and nine help the teenage user clarify fearful feelings. Question six repeats the issue that substance use relates to the family. This question appears on other appendices in the project. The last item, number 10, addresses caring and how caring relates to nature and individuals as members of nature. Those who are engaged in caring have that to sustain them in everyday living and do not have to turn to artificial chemical additives.

Appendix G

Questionnaire D

After Questionnaire D there are only two sets of questions for the peer substance user to answer. At this point the peer interviewer has established a rapport with the substance user and the exchange of questions and answers between the teenagers proceeds smoothly as the interviewer reminds the peer substance user that the interviewer has also answered all questions at the beginning of the project, thus having empathy for this experience. Questions one through six directly involve the substance user with substance use, type, amount, and whether the user was helped in any way by the substance. Habitual users tend to believe that only a small amount of chemicals are consumed under certain conditions and that the substance use can be stopped at any time the user chooses (Meehan and Meyer, 1984). Questions seven through 10 explore relationships and substance use which underlie the reasons teenagers use those substances.

The eleventh question is an early inquiry into commitment to stop using substances. Questions 12 through 19 are a double check on earlier questions; however, question 20 gives the substance user an opportunity to consider that there are opportunities for problem solving other than substance use. The teen user answers this question to begin considering positive alternatives.

Appendix H

Questionnaire E-1

On a more informal basis questions one and 12 concern the teen users perspectives of self as it relates to the everyday aspects of teenager lifestyles. Substance use is not confined to one socioeconomic group, nor is it limited to a particular educational or environmental background. Teen users, however, generally appear to lose interest in themselves and their physical upkeep and so demonstrate a dependence on chemicals to keep them "going." The chemical dependency may be used as a shield or a social exchange item depending on the teenage user's need.

A chemical dependency shield is a cover-up from the outside influences which the user may consider deleterious or may be utilized to escape responsibilities placed upon the teen user by other societal members. Frequent substance users sit back, relax, and laugh at teaching attempts to educate with formal academic material. Such students operate at a disadvantage in the schools because they fail to see the purpose for an education. In this era a high school education is a minimum preparation for the problems teenagers will have to overcome in life; however, less than full participation places the substance user at risk to an even higher degree than the non-substance using drop-out because the substance user is already addicted to a chemical dependency physically, mentally, and financially. If the answer to question two is "no," then the teen

user has lost the one gift this life can give: freedom. At this point the teacher/counselor can refer the teen user to any one of several substance rehabilitation programs where individual, group, or family counseling may be made available to the parents through the school counselor or assistant administrator. Such a referral would, as a result of question three, exit the peer substance user at this point in the program and end the need to continue with the peer assistance program. Should the teen user answer with certain willingness to continue, the next issue to consider is freedom, a definition of freedom, activities to establish freedom, and an exploration of whether or not the user is willing to maintain freedom in life. A reward system may be a viable substitute for substance use, particularly at the teenage stage of life in which teens are highly motivated by material goods. The promise of a new car, stereo, fad clothing, or sports item holds a high place in teenager experience. If the teen user is open to a reward system and can associate the system as a reason to maintain freedom with, then the teen user may be able to assist someone the same age in the process. Question 12 refers to number one of the E-1 Questionnaire, asking the user to write a paragraph describing the teen's state of appearance.

Appendix I

Questionnaire E-2

Writing, as a process, is a means of sorting out ideas, distilling generalities into specificities, making decisions about word choice which is related to idea expression, forming concrete expression derived from the abstract, and sequencing experience on the inner and outer plane. When a teenage substance user is faced with defining a term such as "freedom," the teenager will probably reply, "It means I can do what I want to do." Then the process begins of delineating exactly what is a person free to do, separating the acceptable acts from the unacceptable acts. Question one, "Define 'freedom'," offers the teenage user an opportunity to make some decisions about the lifestyle limitations substance users face since the teen user may not have previously considered loss of freedom one of those. What is acceptable; for example, happiness, food, friends, shelter, and the prospects for individual growth, may be readily available to the substance user. The use of substances, however, may mean loss of financial freedom, involvements with other users, pushers, or dealers who change their loyalty and possibly turn against the substance user. News reports have alerted the public about substance users who stopped using the chemicals only to be harassed or, in some cases, killed by substance pushers who were refused when they tried to sell the substances. These future outcomes are not always realized by the substance user nor are the

outcomes related to freedom. Teenagers are well aware of open container laws and legal amounts of substances in possession but are often not aware of the legal aspects of having a record or the possibility the teen may mature into a career possibility that requires a record free of drug arrests. In writing about "freedom" the teen may include a look to the future as it relates to a substance-free lifestyle.

Question two is an opportunity for the teen to recognize the benefits associated with a drug-free body. Those benefits might include greater physical well-being and the results of that may have a positive influence on relationships and success in learning. This discussion may lead the peer user to a realization that doing positive activities results in positive effects and is an alternative to "doing drugs."

Clearing the slate in question three encourages teen users to drop the past in favor of the present which clears one's outlook on life and provides freedom from a dead past. Clinging to past problems clutters a teen user's mind which disallows expansion of ideas and free range of expression. Attitude change and positive self-expression can take place in a mind free of constant past experience rehearsal.

Question four asks for a reason why an attitude change in the teen brings about one in others. This activity is an example of the user's ability to make a decision which governs an attitude, thereby

bringing about change in a relationship. Teen substance users may be having difficulty in relating to their peers and seek substance use as a means of alleviating the problem. Substance users exhibit substance dependency which is user dependency on a social scale. Users cluster together with their chemical habit as one aspect of life they have in common and, aside from the supplier relationship, usually only associate with other substance using friends.

Questions five and six are an exercise in reversing the emphasis on accumulating, desiring, and achieving. To discover the true meaning of "Living is giving," the practice of giving and bestowing can begin with those qualities a teenager has such as cooperation, interest, cheerfulness, kindness, and positive observations. Such a practice can turn a teenager who is experiencing lack into one who is fulfilled from within. This obviates the need for artificial external additives such as substances.

True or False: All drugs have side effects. This statement is one that is commonly misunderstood by young people who think drugs can be used only for a high, not for substance alteration of the body's chemical balance, chemical residue, and its long-term effects and counter effects with other chemicals which may later be introduced into the body, causing a reaction, nor for the unknown mental or emotional experiences substances induce in a young person. Questions seven and eight cover these issues and lead into question nine which suggests that drug using is placing well-being at risk as

a gamble. Those teens who feel that life is worthwhile will expand their feelings by explaining why this is true for them and this will lead to other thoughts engendering positivity.

Explaining how life is a positive experience to a peer provides learning for the one who is explaining. Writing a letter, in question 10, to a brother or sister of a substance user in which the user expresses how the teen can become free from substance use, also enables the writer to clarify his stand on the substance use issue. The writer's experience helps free him. "I hear and I forget; I see and I remember; I write and I understand" (Sebranek, 1989). The wisdom of this proverb is that whatever the qualities of an individual, to express those qualities in writing requires that the author find meaning in life experience and when teenagers write out an idea in definitional, experiential, or observational terms, they are more able to clarify for themselves the scope of what is involved directly and indirectly, whereas speaking or seeing is a more superficial activity.

Although writing may not come easily to young people, a teacher guided question and answer-based essay activity can help teenagers clarify issues related to substance use that may not arise in conversation or the experience of everyday living.

Appendix J

Post-Interest Survey

A concluding survey to measure how the teen user shows interest in continuing substance use after answering questionnaires B-K is included as Appendix J. This survey is given as a follow-up to the project to measure changes, if any, in the teenager's interest in continuing to use substances.

The pledge for health may be voluntarily signed by the teenage user as an indication to remain free of substance use or may be dropped by administrative request.